CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

WILLIAM R. MOLONY, SR., M.D.....President
KARL L. SCHAUPP, M.D.....President-Elect
LOWELL S. GOIN, M.D.....Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICES

EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION

Abstracts of Minutes: California Medical Association Executive Committee*

Minutes of the One Hundred Seventy-ninth (179th) Meeting of the Executive Committee of the California Medical Association

A meeting of the C.M.A. Executive Committee was held in the Association Offices, 450 Sutter Building, San Francisco, on Sunday, December 6, 1942, at 10:00 a. m.

1. Call to Order:

The meeting was called to order by Chairman Rogers with the following members present: Past-President Henry S. Rogers, President William R. Molony, Sr., President-Elect Karl L. Schaupp, Council Chairman Philip K. Gilman, Auditing Committee Chairman John W. Cline, and Association Secretary George H. Kress.

Absent: Speaker Lowell S. Goin, who was out of the State.

Present by Invitation: Harold Fletcher, Chairman, California Committee on Procurement; John Hunton, Executive Secretary; and Hartley F. Peart, Legal Counsel.

2. Minutes:

Minutes of the previous meeting of September 8th were approved by the Council on September 13, 1942.

3. Dr. Harry E. Henderson Elected to Fill 3rd Councilor District Vacancy:

Association Secretary stated that a mail vote of the Council resulted in the election of Doctor Harry E. Henderson, of Santa Barbara, to succeed Doctor Louis A. Packard, resigned as Councilor of the 3rd Councilor District.

4. Membership:

Concerning the recommendation by the Alameda County Medical Association of Retired Membership for Doctor Hubert N. Rowell, it was voted to recommend to the Council that such retired membership should be granted to Doctor Rowell, as of December 1, 1941.

5. Basic Science Initiative:

A brief report was made by Executive Secretary Hunton concerning the Basic Science campaign and results.

A letter was also presented from Mr. John B. Knight, of the California Associated, outlining a form of securing a sample survey from voters in several cities on reasons why they voted for or against the Basic Science Initiative.

The Executive Committee agreed to make no recommendation thereon.

6. Industrial Accident Fee Table: Wage Conference:

Reports were made by Executive Secretary Hunton concerning conferences relating to the Industrial Accident Fee Table and the recent conference concerning wages of employees of doctors and dentists.

* Full minutes of the Executive Committee meeting have been mailed to all councilors, and copies are also available for inspection in the central office of the Association.

7. **Nominees for Advisory Council of Board of Nurse Examiners of California:**

The Board of Nurse Examiners of California having made request for four names of members of the California Medical Association, two of whom would be appointed to their Advisory Council, it was agreed that such names should be sent. (Note: William R. Molony and Karl F. Schaupp were appointed.)

8. **Hospital Service of California: Its Proposal to Sell Surgical Indemnity Contracts:**

A letter of November 27th, addressed to Council Chairman Philip K. Gilman and signed by the Hospital Service of California, with enclosures of a letter of October 28, 1942, addressed to C.P.S. Executive Committee Chairman T. Henshaw Kelly, and a letter of November 16, 1942, addressed to the Board of Directors of Hospital Service of California and signed by Trustees of California Physicians' Service, were then taken up for consideration.

A detailed history of the issues involved was given by Doctor T. Henshaw Kelly. Discussion was participated in by Doctor A. E. Larsen, Secretary of C.P.S., and Mr. Peart and others.

Doctor Karl L. Schaupp, a member of the C.M.A. Executive Committee and also a member of the Board of Directors of Hospital Service of California, outlined his understanding of the events that had taken place. Doctors Molony, Cline, and Rogers took part in the further discussion.

Doctor Schaupp brought out the point that the four medical members of the newly-elected Board of Directors of Hospital Service of California had expressed a desire that the unfortunate circumstances which had arisen between California Physicians' Service and Hospital Service of California should, if possible, be ironed out in amicable fashion, and expressed regret that the letter of November 16, 1942, was of a nature to almost prevent further negotiations.

After further consideration, the Executive Committee voted that it would be desirable to recess the meeting, to meet again in the C.M.A. Offices, on Sunday, December 13th, and that an invitation be extended to the four medical members of the Board of Directors of Hospital Service of California (H. Gordon MacLean, M. D., Theodore C. Lawson, M. D., S. A. Jelte, M. D., and Karl L. Schaupp, M. D.) to meet with the members of the C.M.A. Executive Committee to discuss informally the subjects and activities in which the two groups have mutual interests.

Mention was also made of a confidential bulletin that had been sent out by the Medical Administrative Service of New York on hospital service conditions in California. Some interesting information was submitted in regard thereto.

9. **Procurement and Assignment Service Report:**

Doctor Harold A. Fletcher, Chairman of the California Committee on Procurement and Assignment, who was present by invitation, submitted a report concerning the present status of the work of Procurement and Assignment. He pointed out that the Permanente Foundation Medical program of the Kaiser Shipbuilding Company in Richmond is doing a very excellent job in providing industrial accident and health care for the employees of the Kaiser Shipbuilding Company, and that the Permanente Foundation owned and maintained a hospital with complete hospital and ambulance services. The staffing of this hospital and medical service has antedated the work of Procurement and Assignment, in that there were a large number of physicians on the staff who should be eligible for the military forces. With Procurement and Assignment Service gradually working out the re-placement of these physicians with Doctor Sidney Garfield, the Medical Director of the Permanente Foundation, he further pointed out that there would be a probable duplication of medical services, if, as, and when the California Physicians' Service took over the Federal Housing Projects in the Richmond area. He felt that it was very necessary that California Physicians' Service work in coöperation with the Permanente Foundation, and that with proper coöperation on both sides, a re-duplication of services should be avoided during the present emergency. He also expressed the opinion that California Physicians' Service should look forward to greater expansion, particularly in the care of employees and employees' families in industrial expansion areas, other than those covered by Federal Housing Projects, and that C.P.S. might even have to consider taking over industrial coverage, as well, in certain areas.

The Executive Committee received the report by Doctor Fletcher, but made no recommendations thereon.

10. **Recent State Election:**

Informal discussion took place concerning the State election, held on November 3, 1942, in connection with Basic Science and other matters in which the medical profession was interested.

11. **Annual Session:**

The Association Secretary, as Chairman of the Committee on Scientific Work and as Editor of CALIFORNIA AND WESTERN MEDICINE, for which articles would be needed, called attention to the newspaper reports of the preceding day (December 5th) in which it was definitely stated that the U. S. Navy would take over the Hotel Del Monte as a Pre-Flight School before December 31, 1942.

Discussion then took place on whether an annual session with both scientific and business meetings should be held and, if so, when and where?

On motion by Cline, seconded by Schaupp, it was voted as follows:

Resolved, By the Executive Committee that it be recommended to the Council, that the 1943 Annual Session shall be a streamlined, two-day session, commencing on Sunday morning, May 2, 1943, through Monday, May 3, 1943; and that the session be held in the City of Los Angeles, with headquarters at Hotel Biltmore.

It was also agreed that this recommendation should be called to the attention of the members of the C.M.A. Council, through an informative letter with reply blanks, so that a mail vote could be taken thereon.

(Note: By mail vote, the Council approved the plan as outlined in the resolution.)

12. **Recess Until December 13, 1942:**

President Molony stated that it would be necessary for him to be present at a meeting of the War Committee of the A.M.A. which would be in session over next week-end in Washington, D. C. President-Elect Schaupp stated it might be necessary for him to be away in the succeeding week. Motion was, therefore, made and carried that the Executive Committee recess until 10:00 a. m. on Sunday, December 13th, at which time unfinished items on the docket and new business could be considered, and on which day the informal conference could be held between members of the Executive Committee and the four medical members of the Hospital Service of California.

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RECESSED MEETING OF DECEMBER 13, 1942

On Sunday, December 13th, the recessed meeting of the Executive Committee was held in the offices of the California Medical Association, 450 Sutter Building, San Francisco.

13. **Roll Call:**

Present: Henry S. Rogers, Chairman; Karl L. Schaupp, John W. Cline, and George H. Kress.

Absent: William R. Molony, Sr. (in Washington, D. C.); Philip K. Gilman (ill); and Lowell S. Goin (excused).

Present by Invitation: H. Gordon MacLean, M. D., Theodore C. Lawson, M. D., and S. A. Jelte, M. D., all of Oakland, and members of the Board of Directors of Hospital Service of California; also present, Executive Secretary John Hunton; Dr. Harold Fletcher, Chairman of Procurement and Assignment Service of California; and Legal Counsel Hartley F. Peart.

14. **Alcohol for Hospitals:**

A letter of December 10th, received from the Association of California Hospitals, called attention to the fact that hospitals were not included in the preferential group under amended order of the W.P.B.—M-30, with respect to the use of ethyl alcohols and related compounds, it appearing that "small hospitals which do not have tax free alcohol permits because of limited diagnostic facilities, scientific work and laboratory procedures, and these would fall within the restrictions and are threatened with being deprived of the necessary quantities of alcohol."

It was voted that a letter should be forwarded by the Association Secretary in line with the suggestion made by the Association of California Hospitals.

15. **A Revised Fee Table for the Industrial Accident Commission:**

Report was made that present indications pointed to adoption of a new and extensive fee table to cover medical, surgical, and related services coming under the jurisdiction of the Industrial Compensation Law of California. It was stated that representatives of the Commission had shown a kindly interest in the plan and it was hoped that the new fee table would shortly become operative.

16. **California Physicians' Service and Hospital Service of California:**

The meeting was then thrown open for informal exchange of opinion between members of the C.M.A. Executive Committee and medical members of the Board of Directors of Hospital Service of California. Doctor MacLean, President of the Board of Directors of Hospital Service of California, outlined a brief history of the negotiations that had taken place in the past, stating that the medical members of the new Board of Directors of H.S.C. were most anxious to bring about a happier arrangement than has existed in the past. Unfortunately, the letter of November 16, 1942, which had been sent to Hospital Service by California Physicians' Service, indicated that it would not be possible to carry out some of the changes which the Board of Directors of Hospital Service of California had in mind.

The disadvantages of duplication in management, particularly in reference to procedures for acquisition of beneficiary members were commented upon. It was stated that Hospital Service of California had no desire to sell medical contracts and that only one of such, and that to a very small group, had been sold at the time when the recent break in Alameda relations took place.

Frank exchange of opinion was made concerning the unfortunate situations which had arisen through personalities. It was felt that such incidents could be avoided in the future.

Doctor Harold Fletcher, Chairman of the Procurement and Assignment Service of California, was called on to discuss the matter from the broader aspects of medical needs of the military forces and for the essential, or war industries. Doctor Fletcher emphasized the great importance of clearing up the situation, because, otherwise, the Government would be more than apt to promptly step in and set up an organization of its own that might endanger medical practice as it is now being carried on.

President-Elect Karl L. Schaupp, who is a member of the Executive Committee of the C.M.A., and also a member of the Board of Directors of Hospital Service of California, explained his understanding of the situations that had arisen.

Motion. Upon motion by Schaupp, seconded by Cline, it was voted that the Executive Committee recommend that the Council of the California Medical Association request California Physicians' Service to again make contacts with Hospital Service of California to the end that the best interests of medical and hospital service in California be promoted and unified.

During the discussion, Doctor Cline telephoned the offices of Doctor Alson Kilgore and Doctor T. Henshaw Kelly, of the Board of Trustees of California Physicians' Service, to learn whether they could come over to the meeting. Doctor Kilgore was not in the city, but Doctor Kelly stated he would join the group at luncheon.

At the luncheon, a further discussion of ways and means to bring about an improvement in relations between C.P.S. and H.S.C. took place, the conversations being very frank and cordial by all who took part.

Doctor Kelly was informed of the prior action of the C.M.A. Executive Committee and stated that he, himself, would promptly write to members of the Board of Trustees, urging California Physicians' Service to again resume relations with Hospital Service of California.

It was agreed that the consideration of details and of items that had been discussed should be left for later conference between the two organizations, and that it would be desirable to bring the same into operation, if possible, through a gradual process of evolution, rather than through radical readjustment.

17. **Adjournment:**

There being no other business, the meeting was adjourned.

HENRY S. ROGERS, *Chairman.*
GEORGE H. KRESS, *Secretary.*

WARTIME INDUSTRIAL SERVICES

With Special Comment on the Permanente Foundation, California Physicians' Service and Procurement and Assignment Service

Some Factual Information

FOREWORD

So many verbal fireworks were touched off at the recent Pepper subcommittee hearings in Washington that a review of the Kaiser medical situation in California is advisable at this time. Particularly is it important to analyze the Kaiser medical care plan and to consider it alongside the existing medical care facilities in the area where it works. The part of Procurement and Assignment Service in this picture is also worthy of mention.

Without going into the history of America's entry into the present war it is well to bear in mind that the Kaiser Company was building ships for Great Britain in its Richmond yards before this country had fired a shot. The company was also planning its expansion into United States Maritime Commission ship building in additional yards in Richmond.

Under California's industrial accident compensation

laws the company was required to give medical care to injured employees. This was done under a plan by which several commercial insurance carriers handled the industrial accident liabilities. Full time physicians were employed for the joint insurance carriers to staff the field hospital and the five first aid stations. The field hospital and first aid stations were built by the Maritime Commission in the old and new Richmond shipyards. The equipment, ambulances and supplies were furnished by the Kaiser Company.

This process had been going on for several months before Procurement and Assignment Service was established.

To bring the picture up to date, there are now about 87,000 employees at the Richmond yards. The medical care of these employees for industrial accidents alone requires a staff of physicians, nurses and first aid workers.

With the tremendous expansion of employment rolls in the shipyards doing Maritime Commission work there came to the Maritime Commission a new sense of responsibility for keeping the men on the job, keeping the ships sliding down the ways. Officials of the Commission in Washington went to work on various plans for the extension of medical care to cover nonindustrial as well as industrial illnesses of these employees. The theory behind this movement was that readily available medical care for everyday illnesses and injuries would result in keeping men on the job, or getting men back on the job in faster time, and would thereby save manhours for essential war production.

The Commission reportedly approved the Kaiser plan of setting up a medical care program for Kaiser employees. This plan, working on the proceeds of a 50-cent weekly payroll deduction, was designed to give complete medical care and hospitalization to Kaiser employees who were injured or taken ill from nonindustrial causes.

That plan is now in operation, covering some 52,000 employees at the Richmond yards who have agreed to the 50-cent weekly payroll deduction. These employees have available to them the facilities of the Maritime Commission field hospittal and six first aid stations. They also have available a staff of close to fifty physicians, a 78-bed hospital in Oakland and full nursing and accessory services.

The plan is operated by Sidney R. Garfield, M. D., who has contracted to furnish medical care to Kaiser employees. The digest of the plan furnished to employees states that the "shipyards have agreed to make weekly deductions for the employees who have subscribed and on behalf of such employees to pay the amount deducted [50 cents weekly] to Dr. Garfield."

The combined plan of industrial accident cases and nonindustrial medical cases has the following resources: The Maritime Commission provides a field hospital and six first aid stations. Mr. and Mrs. Henry Kaiser have provided over $500,000 for the Permanente Foundation and with this money have bought, rebuilt and renovated the old Fabiola Hospital of 78 beds and equipped it with complete modern facilities; a new additional wing of 75 more beds is now being added.

They have equipped the Maritime Commission-owned field hospital, now being expanded, to treat a large number of industrial as well as nonindustrial conditions near the plants and to provide temporary bed care for serious emergency cases. Complete medical, nursing, ambulance and therapeutic services are combined in this Field Hospital. The income to meet current expenses and to amortize the loan from Mr. and Mrs. Kaiser comes from the industrial medical fees paid by the insurance companies plus the 50-cent weekly subscription fees from employees subscribing to the Health Plan.

Statements made by Dr. Garfield and others associated with Mr. Kaiser indicate that the Permanente Foundation is a nonprofit venture. It is anticipated, these people say, that eventually the foundation medical plan will make a profit out of current operations; at that time it is planned that all profits shall accrue to the repayment of the $500,000 advanced by Mr. and Mrs. Kaiser. When that sum has been repaid in full, any further profits will be used for the promotion of medical research, for the rehabilitation of disabled physicians, for the endowment of hospital beds, for the teaching of industrial medicine and for other professional advancement.

Dr. Garfield, according to these statements, is employed under an agreement which allows him to draw up to $25,000 annually in salary. To date, he states, he has drawn no salary from the funds of the Foundation but has actually put into current operating funds some $10,500 of his own money. When and if the profit period of the Foundation is realized, it is anticipated that Dr. Garfield will draw his $25,000 annual salary, will be repaid his $10,500 advance and will have no further share in any profits accruing from the plan.

An inspection of the Permanente Foundation facilities by qualified physicians has disclosed that an up-to-date medical service of unquestioned merit is being performed. Hospital and treatment facilities are excellent and a well qualified and well paid staff of physicians is available for any kind of medicine or surgery. From the standpoint of the present emergency and the rapid expansion in the Richmond area this complete industrial and health service is doing a necessary job which could not have been done nearly so effectively with the medical facilities existing when it was set up.

With the present tremendous loss of physicians to the armed forces it is absolutely necessary to pool and concentrate the remaining medical manpower to cover such industrial needs. The Kaiser plan is one answer. Whether it will pay itself out during the present emergency and what will happen after the emergency when such expansions shrink gradually or rapidly, are questions that remain at present unanswered.

California Physicians' Service

California Physicians' Service, a nonprofit medical care organization sponsored by the doctors themselves through the California Medical Association, has also entered into the health care of wartime industrial employees in shipyards and other areas. All ethical licensed physicians in California, whether or not they are members of the County or State Medical Societies, are eligible for the staff of C.P.S.

The approach of C.P.S. to this problem has necessarily been different from the approach of Mr. Kaiser, particularly since there is no chance for C.P.S. ever to reach a stage where profits from its service will accrue and will be available to amortize the cost of facilities. There is also the consideration that C.P.S. is a Statewide organization dealing with numerous groups of employed persons and responsible for the health of nonwar industry employees: Mr. Kaiser, on the other hand, is concerned only with one group of employees, albeit a large one. It is also to be noted that C.P.S. could not have the resources with which to erect new hospitals, and has not considered entering the field of industrial accident services and therefore has not this rich source of income.

California Physicians' Service has contracted for the medical care of the shipyard and other industrial em-

ployees on an area basis. Outside the industrial plants its services are being rendered employees and their families residing in the Federal Housing Authority projects built around the industrial plants. C.P.S. operates a medical center in each of the housing areas it serves; staff physicians and nurses at the medical centers give immediate care to the industrial employees and their families, referring to professional members of C.P.S. in the immediate vicinity those cases requiring hospitalization, surgery or more extensive medical care. In each case the local county medical society has consented to this arrangement and a local medical advisory committee has been established.

The Federal Public Housing Authority adds the monthly charge for C.P.S. services to the rental of the housing units and turns over these collections to C.P.S.

When and if a profit should accrue from C.P.S. services in the housing areas, such a profit must be returned to the subscribing employees and their families in the form of either reduced fees or increased services.

The cost of hospitalization is included in the C.P.S. fee.

Procurement and Assignment Service

Procurement and Assignment Service has been brought into the picture through its responsibility to civilian and industrial populations in preventing too great a loss of physicians to the military forces, and in causing proper redistribution and reallocation of physicians to areas where needed.

The one problem of Procurement and Assignment Service in this matter is the problem of meeting military quotas and at the same time directing to essential industrial organizations or to areas which are short of doctors, those physicians who cannot qualify for military service but who can give medical care to the civilian population. In its reallocation program Procurement and Assignment Service operates as an advisory body only; it has no authority to order any physician to change his location.

Early in its existence in California, Procurement and Assignment Service became aware of the building up by Mr. Kaiser and Dr. Garfield of a staff of physicians for both the industrial and nonindustrial medical care of Kaiser employees. The Kaiser staff of some thirty physicians (early in 1942), represented a group of young men, all but two of whom were definitely of military age.

A review of the Kaiser medical staff showed that practically every one of the thirty physicians should be declared "available for military service" because of his age; at the same time, Procurement and Assignment Service had no intention or desire to break up an established staff which was caring for an important segment of the industrial population.

Complaints had been heard from the medical profession that the Kaiser staff was practising "corporate medicine," that Dr. Garfield had resorted to "piracy" in hiring his physicians, that the whole operation was an unethical one, that doctors eligible for military service were being offered sanctuary and protection from Selective Service. Procurement and Assignment Service took the attitude, however, that its function had nothing to do with ethics and that its approach to the problem must be from the point of view of the distribution of physicians between military and civilian agencies.

At the same time, Procurement and Assignment Service put Dr. Garfield on notice that his staff members were vulnerable to induction into the Army by Selective Service because of their low average age. This warning was given for the protection of the staff, to obviate the disruption that might occur if a large part of the staff was classified 1-A by local draft boards and forced into military service.

On the basis of the above reasoning, a program was worked out whereby Dr. Garfield would clear through Procurement and Assignment Service any physicians who were under consideration for employment on his staff. It was understood that those physicians who otherwise would be available for military service were not to be employed by Dr. Garfield except for a temporary period, while they awaited the issuance of their commissions and orders for active duty.

A second part of this program called for the replacement of any four young staff members every ninety days; replacements were to be by physicians over military age or physically disqualified and rejected for military service. Procurement and Assignment Service agreed, under this program, to declare "essential" the remaining members of the Garfield staff until the time for replacement of each staff member should come up.

This program was put into operation. Procurement and Assignment Service has referred to Dr. Garfield no less than 25 physicians who are either too old for military service or have been rejected by the Army. Some of these have been acceptable to Dr. Garfield and have been employed by him; some have been unable to perform the medical duties with satisfaction. Nine of the former members of the Garfield staff have been accepted for military duty and have been replaced by other physicians. The program is somewhat behind schedule at present because Dr. Garfield found it necessary shortly after the start of the program to increase his staff to care for the increasing number of employees who have signed up for the plan, and to cover the expanding program of the shipyards. To accommodate this larger group of employees a 75-bed addition is being built onto the Permanente Hospital in Oakland; priorities for building materials were secured by the Maritime Commission on the ground that service was being rendered to employees of a Commission shipyard.

Today, from the point of view of Procurement and Assignment Service, the Permanente Foundation is rendering an excellent medical service to Kaiser employees. California Physicians' Service is likewise rendering an excellent health service to industrial employees and their families in the defense housing areas. The problem of Procurement and Assignment Service now is to see to it that there is not an overlapping, a duplication, of medical care facilities.

Questions Needing Answers

In the case of Richmond, can the Kaiser employees receive adequate medical and hospital care from other physicians in the vicinity?

How wide an area is the residential area of the 85,000 Kaiser employees?

How many civilian physicians are there in that area, ready, willing and able to take on the private medical care of these employees and their families?

Is Dr. Garfield going to expand his plan to include the families of employees? So far he has not done so but it is known that Mr. Kaiser has offered such coverage on previous construction projects and is likely to do so again.

Is Dr. Garfield going to expand his plan of employing civilian physicians on a part-time basis to give medical care to employees who live outside the reasonable service area around the Permanente Hospital in Oakland? He has already employed one San Francisco physician to make house calls.

Will California Physicians' Service and Dr. Garfield

be able to work out a joint program of rendering medical care to shipyard workers and their families?

What solution will be reached where the shipyard employee is paying 50 cents a week for the Kaiser medical service and finds that by living in a Federal Housing Authority housing project he is getting full medical care from C.P.S. for himself and his family? How will the overlapping of medical services in such a case be eliminated for the conservation of medical resources?

Will there be a further overlapping of medical services if Mr. Kaiser's suggestion of industry sponsoring medical foundations is generally followed on a statewide or nationwide scale?

* * *

These are some of the problems of today in regard to the Kaiser service. Entirely aside from considerations of ethical medicine, these problems exist as economic factors in the efficient distribution of medical resources. With military demands for physicians rising higher every day, with industrial employees increasing in number, with the need for a scientific utilization of all medical resources in order to make a little bit of material go a long way, these questions demand an answer.

Bit by bit, these questions are being answered by Procurement and Assignment Service and by others. Little by little the problems are being clarified, although much remains to be done before the situation will be entirely straightened out.

One thing, however, remains certain. Whatever solution to this problem is finally worked out, it must be along lines which will permit the most efficient use possible of all medical manpower.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT†

Medical Journals—For Colleagues in Military Service:

In this issue appears editorial comment on a plan to forward medical journals to the Hospital Stations of Army, Navy and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

This notice will appear in this department every month.

If you have not read the editorial outline of the plan in the September issue, you are urged to do so.

The addresses of the three libraries follow:

U. C. Medical Library, The Medical Center, 3rd and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals, via "Railway Express Agency," collect, to: C.M.A. Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261).

OFFICIAL NOTICE: IMPORTANT

(COPY)

Office for Emergency Management

WAR MANPOWER COMMISSION

Procurement and Assignment Service for Physicians, Dentists, and Veterinarians

Washington, D. C., November 15, 1942.

Dr. George H. Kress, Editor,
450 Sutter St.,
San Francisco, California.

Dear Doctor Kress:

The Directing Board of the Procurement and Assignment Service suggests that you publish the following statement in some prominent position of your OFFICIAL JOURNAL. The Board deeply appreciates the support, help, and coöperation always received from you:

"It is of the utmost importance that the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians, immediately has the name of any doctor who really is willing to be dislocated for service, either in industry or in over-populated areas, and who has not been declared essential to his present locality.

"This is necessary if the medical profession is to be able to meet these needs adequately and promptly.

"We urgently request that any physician over the age of 45 who wishes to participate in the war effort send in his name to the State Chairman for the Procurement and Assignment Service in his State."

Sincerely yours,
(Signed) FRANK H. LAHEY, M. D.
Chairman, Directing Board.

New Method of Blood Transfusion

A new method of blood transfusion promises more effective treatment for men wounded on the fighting fronts, the journal of the American Medical Association recently announced.

The journal said the discovery that albumin in blood plasma (the liquid part) could be injected in more concentrated form than whole plasma provided "a new method of great effectiveness for combating shock from injuries, hemorrhage and burns."

The method was said to be particularly important for treating wounded on the battlefield to reduce the mortality from shock. Doctors using the albumin serum would need it in quantities only one-fifth as large as those required if whole plasma were used, the journal said. Hence its use would facilitate shipping, storage and administration.

California P. and A. Service

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the State chairman on Procurement and Assignment Service, with supervision of all counties north of the fourteen southern counties.

Associate California chairman for the fourteen southern counties is Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles.

U. S. Army Medical Corps Recruiting Boards are in charge of Major F. F. South, MC, at room 1331, 450 Sutter St., San Francisco (EXbrook 0450), and Major C. A. Darnell, 1930 Wilshire Boulevard, Los Angeles (DRexel 5241).

The Office of Naval Officer Procurement for the northern section of California is in charge of Capt. C. L. Arnold, U.S.N. The Senior Medical Officer is Capt. Philip K. Gilman, U.S.N.R. The office is located at Room 515, 703 Market Street, San Francisco. Telephone EXbrook 3386, Local 46.

For the southern section of the State, the Office of Naval Officer Procurement is in charge of Lt. Comdr. John P. Ewing, MC. The office is located at the Naval Armory, 850 Lilac Terrace, Los Angeles.

For roster of Procurement Service Committees of County Medical Societies, see July issue of CALIFORNIA AND WESTERN MEDICINE, on pages 93-94.

Life Insurance for Physicians in Service

A physician who enters the service would naturally ascertain the status of his life insurance policies. He should first find out from a perusal of his policies in force whether they have a war risk exclusion clause. Policies written since the fall of 1941 contain such clauses.

Some physicians cannot maintain their life insurance programs while in the service without borrowing. Physicians should know that according to the Soldiers and Sailors Civil Relief Act of 1940 those in service can obtain a moratorium on premiums on life insurance policies not in excess of $5,000 taken out before October 17, 1940, the date of the approved act.

In order to take advantage of this moratorium a Veterans Administration Insurance Form No. 380 should be filled out and sent to the insurance company and a copy to the Veterans Administration. The Veterans Administration will issue a certificate of the U. S. Treasury to the insurance company to cover all deferred premiums.

As in World War I a man in service may take out a government term policy which will terminate in five years unless converted before the end of that period. This policy makes no provision for total or permanent disability as in 1917, but does provide for waiving of payment of premiums during continued total disability.

It is perhaps unnecessary to advise physicians to apply for a government life insurance policy on entering service, to take effect immediately.

Revised Instructions for Field Casualty and Ambulance Units of the Emergency Medical Service

(COPY)

OFFICE OF CIVILIAN DEFENSE

Washington, D. C.

Circular: Medical Series No. 23

To: Regional Directors and Regional Medical Officers.
FROM: JAMES M. LANDIS, *Director.*
DR. GEORGE BAEHR, *Chief Medical Officer.*

Because of the diminishing supply of civilian physicians and nurses and the growing necessity to conserve manpower, the following economies in the organization and operation of field units of the Emergency Medical Service are to be recommended to all State and local Chiefs of Emergency Medical Service for adoption:

1. *Mobile Medical Teams.*—Emergency Medical Field Units are to be composed of mobile medical teams and no longer of squads or groups of teams. Each mobile medical team is to consist, as heretofore, of one physician, one nurse, and two auxiliaries.

2. *Express Parties.*—Immediately upon receiving an air raid warden's report of a bombing incident with casualties, the Control Center will dispatch only one Express Party to each major incident. An Express Party will consist of one Rescue Team, one Mobile Medical Team, one ambulance, and perhaps one passenger car or station wagon.

3. *Reserves.*—Such an Express Party will usually be sufficient to handle a major incident or a group of neighboring minor incidents with casualties. Additional medical and rescue personnel, ambulances, and passenger cars for sitting cases should be held in reserve and should be dispatched by the Control Center only upon subsequent request of the incident physician (head of the mobile medical team) or of the incident officer at the scene.

4. *Reduction in Movement and Use of Medical Personnel.*—Mass air raids have occurred chiefly, although not exclusively, at night; both night and day raids are now usually sudden and intense. As protection against a sudden and unexpected attack by the enemy, every hospital having interns or residents is urged to have at least one or more mobile medical teams constantly on call so as to be ready to respond promptly to the order of the Control Center. Most alarms are not followed by an enemy attack; the availability of a few mobile teams at each hospital will make it unnecessary in most cities to disturb the depleted and overworked medical profession by requring them to mobilize at casualty stations throughout the city on every alert. Moreover, the first line mobile medical teams of hospitals also need not be disturbed until medical service is needed at an incident where casualties have been reported. Practicing physicians of the neighborhood should be mobilized to relieve the primary mobile team when there is a continuing need for field services at the incident, or when multiple or large incidents make it desirable to activate a casualty station for the care of the slightly injured. Conservation of medical personnel in this manner will, from now on, become increasingly important.

5. *Reduction in Number of Casualty Stations.*—Conservation of emergency medical service personnel can also be accomplished by reducing the number of casualty stations which must be equipped and staffed. British experience over three years indicates that most cities do not require more than one casualty station for each 25,000 persons and that they need not be nearer than a mile apart. Casualty stations for the temporary care of minor casualties are required at or near every hospital. They are also required in parts of a city a mile or more from a hospital and in sections which are geographically isolated. Every community is requested to reëxamine its casualty stations in the light of these requirements and to eliminate all unnecessary locations.

6. *Economy in the Use of Casualty Stations.*—Casualty stations need not be activated in areas where no casualties have been reported. A mobile medical team should always be available at hospitals to activate its casualty station when necessary. A mobile medical team should be dispatched or assembled at casualty stations near incidents only when casualties have been reported in that vicinity.

The mobile team for a casualty station located at a hospital is, therefore, best derived from the hospital; a mobile team for emergency service at casualty stations remote from hospitals should be derived either from a hospital, if within three miles, or from the physicians, nurses, and auxiliaries residing in the neighborhood if more than three miles away or otherwise geographically isolated.

7. *Central Control.*—The Chief of Emergency Medical Service or his deputy at the Control Center will keep a record of all hospital mobile teams and ambulances in his district and of physicians, nurses, and auxiliaries living in the vicinity of each casualty station, who are on call for emergency service. He will determine when to dispatch a mobile medical team from a hospital to an incident or to activate community medical personnel for service at an incident or casualty station.

8. *Elimination of Advanced First Aid Posts.*—All fixed first aid posts can be eliminated. Experience has shown that under the conditions of darkness, confusion, and dirt that exist at air raid incidents, it is rarely necessary or even possible to establish a temporary first aid post. In the darkness and dirt it is impossible to do much more for air raid casualties on the spot than cover their wounds, control hemorrhage, apply a simple splint, and administer morphine before they are removed to the hospital. Most of this work has already been done by rescue workers and the incident physician by the time the casualty is extricated. Only at a large incident with many casualties may it be desirable to esablish a first

aid post at an appropriate protected site. Even under these circumstances, it should be used as a base of operations for medical personnel rather than a place where severely injured casualties are brought for treatment.

9. *Rescue Units.*—Services of Stretcher teams are required at hospitals for unloading of ambulances. Stretcher teams (and so-called first aid parties) are not required in the field, for whatever first aid is possible at incidents is done by the trained rescue workers under the direction of the incident doctor. To conserve manpower, stretcher teams may be disbanded as soon as the rescue teams have been organized and trained, or they may be transferred to the rescue service. The equipment of a rescue team will hereafter include four stretchers. An intensive training program for rescue workers will be announced shortly.

10. *Ambulance Units.*—To reduce the movement of vehicles during an air raid, to economize in driver personnel, and to expedite the transport of large numbers of serious casualties from the incidents to hospitals, as many ambulances as possible should be remodeled so as to enable them to carry four stretchers. The use of one- and two-stretcher vehicles greatly delays the movement of large numbers of casualties to hospitals and may result in needless loss of life. To provide adequate transportation of casualties in mass air raids, exposed cities in the target areas require at least one four-stretcher ambulance for every 10,000 persons, depending upon the location of hospitals and the distances to be covered, and half that number of passenger cars or station wagons for sitting cases. Specifications for the conversion of used cars into four-stretcher ambulances will be provided by the Medical Division, United States Office of Civilian Defense.

11. *Ambulance Depots.*—To be immediately available at all times, four-stretcher ambulances and passenger cars (sedans or station wagons) should be parked at hospitals, where drivers are always on duty, or else grouped in ambulance depots located at garages in various parts of the town. Only persons residing in or living in the vicinity of the hospitals or ambulance depots should be assigned as drivers of the vehicles.

12. *Interhospital Ambulance Units.* — An additional number of large vehicles such as busses should be promptly available day and night for the simultaneous exacuation of hospitals during an air raid. In heavy air raids it has been necessary to move as many patients from evacuated Casualty Receiving Hospitals to peripheral or Emergency Base Hospitals as from incidents to hospitals within the city. In exposed cities in the target zone, it should be possible to evacuate all patients from a hospital in two or at the most three hours without utilizing the ambulance transportation of the field casualty service.

Doctor Draft for Civilians Mapped

Government officials, on December 15th, brought forward a program for relieving the "doctor shortage" in distressed war areas and warned that physicians and dentists might have to be drafted and assigned to localities where the shortage is acute.

Meanwhile, Dr. Maxwell Lapham, executive officer of the Procurement and Assignment Service of the War Manpower Commission (WMC), announced that a plan has been agreed upon under which 11,455 doctors will be called into the armed services in 1943, leaving 80,000 physicians to take care of the home front.

One For Each 1,500

Doctor Lapham made the announcement at a public hearing by a Senate Education and Labor Subcommittee considering the manpower problem.

He explained that 80,000 physicians would effect a ratio of one for approximately every 1,500 persons. This, it was testified, is regarded as the outer limit of safety from the standpoint of public health.

Dr. Joseph Mountin, Assistant Surgeon General, told the subcommittee that doctors and dentists may have to be drafted and assigned to distressed war areas where the doctor ratio sometimes is one to 5,000. Doctor Lapham agreed that this step might have to be taken.

Both officials, however, favored a plan under which doctors, dentists and nurses would be employed by the United States Public Health Service and sent to war centers where the need is greatest.

Funds For Hiring

Doctor Mountin proposed that Congress start the program off by appropriating $5,000,000 to enable the Public Health Service to hire 1,000 physicians, dentists and nurses and place them where they would be most urgently needed. This program, he intimated, probably will have to be enlarged after it has been put into operation.

"I think it should be given a trial," he declared, "although the compulsory selection and redistribution of physicians may be needed eventually."

Earlier, Col. George Baehr, chief medical officer of Office of Civilian Defense (OCD), suggested to the subcommittee that physicians be "drafted" if necessary, for service in communities where a dangerous doctor shortage exists.

"In many areas," he said, "the ratio of physicians to the population has dropped below a safe level."

Proposes Method

Colonel Baehr proposed that some redistribution of physicians be carried out by State authorities or by the medical profession. If this cannot be done, he declared, "some Federal agency should have the responsibility of providing medical personnel so that the people in the community will not be left unprotected."

He said that recommendations by Federal medical authorities for allocation of critical materials to build hospitals to meet possible bombing raids or other war casualties had been turned down by the War Production Board (WPB).

Doctor Mountin testified that the Public Health Service had used its own funds to send a certain number of doctors and dentists to war areas where the need had become extreme. . . .

Civilian Medical Needs Being Met

While a critical shortage of doctors may prevail in some war plants and shipyards because of the abnormal influx of workers and military service calls, the average civilian medical situation is not yet acute and needs are being met, Dr. L. R. Chandler, dean of Stanford University School of Medicine, said at a recent conference.

Speaking on the medical manpower situation, Dr. Chandler stated 80 per cent of illnesses are of a minor nature, such as colds, smashed fingers or poison oak poisoning and can be handled adequately in doctors' offices. It is the other 20 per cent that concern physicians most, he said, because they may end in death or disability.

Dr. Chandler said adoption of continuous training programs by most medical schools will result in graduation of 21,000 physicians in the next three years instead of the usual 15,000 for the same period.

Asserts Half of Medical Practitioners to Serve in War

Dr. Dallas B. Phemister, Chairman of the department of surgery in the medical school of the Univer-

sity of Chicago, said in an address here recently that one-half of the active medical profession will be called into service when our fighting forces are doubled and more than 30,000 physicians are now required to treat the five million men in the armed forces.

Dr. Phemister said there are 150,000 actively practicing physicians in the United States, or one for each 850 persons. During the war the army requires one physician for every 166 soldiers and the navy requires one for every 154 sailors.

Highest Percentage of Doctors

"Our army has a higher percentage of physicians than that of any other country," Dr. Phemister said, "but we have a higher percentage of physicians than any other country. Russia has one physician for every 5,000 persons, while China has one for about every 50,000 persons.

"Physicians who remain in civil service have a heavier burden to bear, not only because of the enlistment of their colleagues, but to increased work in connection with war production, increased accidents among unskilled workers, and increases in occupational and infectious diseases. The government is planning to utilize some of the immigrant physicians for the care of war workers. No more commissions in the medical corps are being issued to them, which probably means that spies have been detected in their midst."

Diseases Vary with Locations

Dr. Phemister said that there was an average of seven cases of venereal disease per thousand men weekly and that its presence varied greatly with the location of the troops. . . .

OFFICE OF CIVILIAN DEFENSE
Washington, D. C.
(COPY)

Plasma for Civilian Defense

The Medical Division of the Office of Civilian Defense and the United States Public Health Service report the current status of the blood plasma program which was initiated in the early spring.

The report indicates that 130 hospitals have now received grants-in-aid and are preparing reserves of plasma to total at least 63,130 units. In addition to this reserve, 27,500 units of frozen plasma have been obtained through the Army and Navy from blood collected by the American Red Cross. This supply has been distributed. The Medical Division has also procured 37,500 units of dried plasma from blood collected by the American Red Cross, and this supply is in process of distribution.

The total reserve, which is largely concentrated in the 300 mile coastal target areas, will be 126,630 units for treatment of casualties resulting from enemy action. In addition, 1,250 units are in Puerto Rico and 250 in Alaska.

In addition to these sources of plasma, the Red Cross is distributing to target areas 5,000 units which will be available to the Office of Civilian Defense for treatment of civilian casualties resulting from enemy action. Many hospitals which have not received grants under the OCD-USPHS program are also preparing plasma reserves which total approximately 50,000 units.

Plasma required for the treatment of war-related injuries may be obtained by any community through its Chief of Emergency Medical Service. To meet such emergencies, plasma may be transferred: (1) within a State by the State Chief of Emergency Medical Service; (2) within a Region by the Regional Medical Officer; and (3) from one Region to another by the Medical Division, U. S. Office of Civilian Defense.

Courses for Gas Specialists

A new five-day gas specialist course for persons responsible for the organization of gas defense in the target areas will be presented in the six War Department Civilian Protection Schools conducted on behalf of and in collaboration with the U. S. Office of Civilian Defense, it was announced in Operations Letter No. 89, issued November 14. . . .

The first session of the gas specialists' course will be at Amherst College, Amherst, Massachusetts, November 29 through December 4. The course was offered December 13-18, inclusive, at the other War Department Civilian Protection Schools at Stanford University, Palo Alto, California, and Occidental College, Los Angeles. . . .

Presentation of the specialized course dealing with gas defense is part of a new plan of instruction in the War Department Civilian Protection Schools. The ten-day general course formerly given by the schools was discontinued with the session of November 1-11, and the new plan of specialized courses to be given in five days will be instituted. The other courses cover plant protection, basic civilian protection and instruction for staff members. . . .

Inasmuch as the Medical Division of the Office of Civilian Defense is responsible through its gas protection section for the administrative and technical organization of the gas program, responsibility for recruitment of students for the gas specialists' course was delegated to the Regional Medical Officers and the Regional Sanitary Engineers.

New Method of Administering Morphine

Because of the critical shortage of tin, the U. S. Office of Civilian Defense has been unable to procure syrettes for administration of morphine by physicians of Emergency Medical Service. To meet this serious difficulty, a new device using glass and plastic has been developed.

This device consists of a small, sealed-glass ampule containing ¼ gr. or ½ gr. of morphine in solution. This solution is under sufficient pressure to eject the entire contents. A piece of transparent plastic tubing encloses the neck of the ampule and connects it to the hub of the needle. The shaft of the needle is enclosed in a small glass tube, to which is attached a stylet. At the hub of the needle within the plastic tube is a small filter.

Following is the method of using the ampule:

1. The body of the ampule is grasped in the right hand.

2. The glass tube protecting the needle is withdrawn by a twisting and pulling movement of the fingers of the left hand.

3. With the needle pointing down and the body of the ampule vertical to the skin, the needle is inserted by jabbing it under the skin.

4. When the needle is in place, and with the ampule vertical to the skin, pressure is exerted with the thumb and two fingers on the plastic tubing to break the neck of the ampule. It is important that the ampule be held vertical to the skin, in order that morphine may not be lost by improper technique.

5. The pressure within the ampule ejects the contents. The filter prevents glass splinters from clogging the needle.

6. When the ampule is empty, the needle is withdrawn and the whole device is discarded.

First Aid Training No Longer Required for Staff Units in Citizens Defense Corps

Members of staff units of the U. S. Citizens Defense Corps are no longer required to acquire ten hours of

training in first aid, the U. S. Office of Civilian Defense has announced. It was pointed out that members of staff units would be employed in the headquarters of the Citizens Defense Corps rather than at the scene of air raid emergencies.

Air raid wardens, auxiliary police, auxiliary firemen, decontamination squads, messengers and members of the drivers corps are still required to have at least ten hours of first aid training. Nurses' Aides are required to take the regular first aid instruction in addition to their specified training given by the American Red Cross in connection with approved hospitals. The Medical Corps, a professional group, has special training as directed by the Medical Division of OCD.

Provision of Day Care for Children of Working Mothers

Committees or subcommittees charged with the provision of day care for the children of working mothers should be appointed by all State Defense Councils and by all local Defense councils in areas where day care is a problem, James M. Landis, Director of the U. S. Office of Civilian Defense, urged in Operations Letter No. 79, issued recently. It was pointed out that 5,000,000 women may be needed in industry by the end of 1943.

The State committee should be composed of representatives of the State departments of welfare, health, education, the U. S. Employment Service, the Works Projects Administration, organized labor, employers and other agencies and organizations concerned with child welfare in the State. The local committee should be composed of the local departments of health, welfare, education and health, the employment service, the Works Projects Administration, organized labor, employers, the local housing agency, and other agencies and organizations concerned with the welfare of children in the community.

State Defense Council committees should promote, coördinate and plan the State day-care program, the Operations Letter recommended. They should see that professional service is made available to local communities where day care is a problem, provide local committees with specific instructions and see that all resources—Federal, State and local—are focused on the problem in critical areas.

The task of the local committee is to bring to bear every available local resource, stimulating public and private agencies and organizations to take steps toward an adequate solution of the problem. It should find out the nature and extent of the need for day care; it should explore all possible types of care for children, and it should see that volunteers in child care are recruited, properly trained and effectively used.

Federal assistance for day care may be obtained from several sources. The Office of Defense Health and Welfare Services has funds which may be made available for State and local administrative and supervisory personnel in the field of day care. These funds will be allocated to State departments of welfare and education only after approval of a State plan by a committee of the State Defense Council. Funds may be obtained under the Lanham Act through the Federal Works Agency for operation and maintenance of day-care projects. Through allocation of funds for public schools, for instance, support may be obtained for nursery school projects. The State administrator of WPA can furnish information as to how to obtain Lanham Act funds for other types of projects. Finally, the Works Projects Administration has been authorized to spend $6,000,000 in 1942-1943 in the operation of day nurseries or nursery schools for children of employed mothers.

The Operations Letter concludes with instructions to Regional Offices of Civilian Defense to look into the day care problem in their Regions immediately, reviewing the extent and efficiency of the existing committees, distributing informative literature and seeking out particular problems such as lack of facilities and funds, lack of coöperation among agencies and any other matters that may be impeding the program.

Federal Financing of Transportation to Emergency Base Hospitals

Federal financing of transportation necessary in evacuating casualties and other hospitalized sick to Emergency Base Hospitals can be accomplished only through State evacuation authorities, Dr. George Baehr, Chief Medical Officer of the Office of Civilian Defense, points out in a circular (Medical Series No. 22), prepared for officials of the Emergency Medical Service. . . .

New Bulletin on Sanitation

Maintenance of sewer service in bombed areas has been one of the major difficulties confronting municipal authorities in cities under enemy attack. To assist American municipal officials and defense councils in planning for emergencies and for the restoration of normal service following damage resulting from enemy action, the sanitary engineering section of the Medical Division of the Office of Civilian Defense has issued its second sanitary engineering bulletin, "Municipal Sanitation Under War Conditions." . . .

Civilian Defense Plans for Mortuary Service

The Medical Division of the Office of Civilian Defense has issued "Medical Division Bulletin No. 5, Emergency Mortuary Services," presenting plans for the organization of this essential part of the casualty services.

The bulletin suggests that the local Chief of Emergency Medical Service work in coöperation with the medical examiner or coroner, the chief of police, the health officer and representatives of the private funeral directors and cemeteries. . . .

Military Clippings—Some news items of a military nature from the daily press follow:

McNutt Outlines America's Manpower Program for 1943

Addition of 2,500,000 Workers to Bring Over-all Total to 62,500,000 at War Tasks Held Necessary

By Paul V. McNutt, War Manpower Commission Chairman

(Written for the United Press)

Washington, Dec. 28.—Two manpower tasks face the United States in 1943:

First, the replacement of men being drawn in ever-increasing numbers into the armed forces. The second is the addition of more than 2,500,000 workers which will bring the total force to an all-time high of 62,500,000 workers, including the armed forces.

To meet these objectives, millions must go to work who never before entered the labor market.

What to Expect

A few of the developments to be expected in the coming months may be summed up as follows:

1. New millions of women will be added to the working force.

2. Industry will add to its rolls millions who five years ago it might have rejected for a variety of reasons such as age, sex, color, or minor physical handicaps.

3. There will be an acceleration of industrial training programs designed to facilitate the use of new and heretofore inexperienced workers.

Protect Rights

4. Labor and management in hundreds of communities and industries will work out plans for controlling hiring practices and channeling the right workers to the right war jobs.

5. These agreements will include provisions for protecting reëmployment rights and seniority rights in order

to stimulate the transfer of workers from civilian industries to war work.—Los Angeles *Times*, December 29.

* * *

Navy Hospital Commissioned

New Institution Located on Bixby Rancho, Near Long Beach, California

"For those who have borne the brunt of battle," the Navy's new $3,000,000 hospital on 89 acres of the old Bixby Rancho, near Long Beach, California, was commissioned yesterday, by Capt. Schuyler F. Heim, commanding officer of the San Pedro Naval Operating Base.

Today the first of the institution's patients will be transferred from outlying hospitals.

Erected in 14 months, the hospital is said to be the finest structure of its kind in America.

"The Secretary of the Navy has delegated to me the honorable duty of placing this new naval hospital in commission," Capt. Heim said in his dedicatory speech.

"Here we have erected a haven of solace, refuge and recovery for those who have borne the brunt of battle."

The hospital now contains 300 beds, but under future plans it will be outfitted with accommodations for 1200 patients.

In command of the institution is Capt. W. Howard Michael of the Navy Medical Corps. His service during the Pearl Harbor attack earned Capt. Michael the Navy Cross and the Army's Distinguished Service Cross.—Los Angeles *Times*, December 16.

* * *

1943 Draft to Call Up More Than 3,500,000

18-19 Age Group Will Furnish Half of Men Slated for Induction During New Year

Washington, Dec. 27.—(AP.)—The New Year will bring calls to the colors for more than 3,500,000 men 18 through 37 years old, Selective Service sources estimated today, at the average rate of 250,000 to 300,000 a month.

The 18 and 19 year olds completing their registration this month will comprise perhaps half of these inductees. If the ratio maintains, then the other 1,750,000, more or less, will be childless married men, for the pool of single men 20 to 38 years old available for military service has been virtually exhausted.

Big Call Coming

The armed forces will have to attain their planned strength of 9,700,000 men below officer rank by the end of next year almost exclusively from 21,000,000 to 22,000,000 men in the 18 through 37 year bracket, and that bracket has been tapped for most of the 6,100,000 or more men now in the ranks. A strength in ranks of 7,500,000 for the Army, 1,500,000 for the Navy, 400,000 for the Marines and 300,000 for the Coast Guard is planned by January 1, 1944.

Starting next month, as a general rule, draft boards will begin calling up an accumulated pool of some 600,000 to 900,000 men now 18 or 19 years old, and each month thereafter about 100,000 more will pass their eighteenth birthdays and be subject to classification for service.

Figures Withheld

Although some of these youths will be deferred for occupation, or dependents, or as college students specializing in medical and scientific work, their availability will more than offset the addtional calls made upon men 20 through 37 by the blanket deferment of men 38 or older.

Figures showing the percentage of inductees by age groups have been withheld as a military secret since Pearl Harbor, but it is obvious that comparatively few 38 through 45 year olds had been taken despite lowering of Army physical requirements since then. Older men not only have less physical capacity, but also more claims to deferment. In the twelve months before the United States entered the war, when the top draft induction age was 35, there were only 9,821 men of 35 and 12,322 of 34 among the first 921,000 inducted.

200,000 Married Men

Exact figures on the number of childless married men to be called next year also have been kept secret, but estimates advanced during Congressional debate were that as many as 200,000 would be among this month's inductees.

Of the 17,388,000 registered under the draft at Pearl Harbor time, 10,160,000 held deferment on grounds of dependency and less than 600,000 were deferred for occupational reasons. Since then, more weight has been given to occupation and less to dependency.

Passage of legislation providing funds to dependents of service men did much to lessen dependency deferments, while executive action and legislation to insure essential industry and agriculture against disruptive drains on manpower strengthened occupational deferments.—San Francisco *Examiner*, December 28.

* * *

Death Rate of Wounded Low In Solomons

Washington, Dec. 15.—(UP.)—Rear Admiral William Chambers of the Navy Medical Corps, just returned from the South Pacific, reported today that the mortality rate among wounded evacuated from the Solomons to mobile hospitals remains below the normal expectancy.

He said the major share of credit for this situation was due to speedy evacuation of the wounded to fully staffed, well-equipped hospitals, sulfa drugs, blood plasma, tetanus toxoid and efficient doctors and hospital corps men.

Rear Admiral Ross T. McIntyre, Navy Surgeon General, reported last month that the mortality rate among wounded evacuated from the Solomons was only 1 per cent for the first 1000 men. This compared with a normal expectancy of at least 5 per cent.

Chambers did not cite statistics but he indicated that this favorable showing is continuing.

"From a medical standpoint, the situation is definitely encouraging," he said.—San Francisco *Chronicle*, December 16.

* * *

Hospitals on Front Lines Prove Value

Portable Units Show Worth in New Guinea Jungle

With American Forces in New Guinea, Dec. 22 (Delayed).—A Boston surgeon, handling his instruments as deftly as if he were still working in the Massachusetts General Hospital, saved the life of an American soldier today in a portable field hospital, hidden in the jungle a few miles from the firing line.

The surgeon was Major George Marks. His operating table was a canvas stretcher mounted on empty wooden ration boxes. His nurse was a shirtless enlisted man, who handed him instruments sterilized in water boiled over an open fire.

While Major Marks worked fast, opening the soldier's abdomen, clamping and sewing his ruptured intestines, Lieutenant Frederick Ross of Boston kept him strengthened with transfusions of plasma. The operation was performed with spinal anesthetic.

Major Marks said the badly wounded soldier arrived at the hospital three hours after a Japanese sharpshooter had hit him. If the hospital had been as far back as was usual in the last war, he probably would have died.

Captain James D. Campbell of Boston, formerly of Chicago, assisted by Lieutenant John Lambert of New York, who was trained in Boston, recently performed a delicate brain operation successfully at the same hospital.

"We requested this duty," Captain Campbell said. "We are most pleased with the Army's new portable hospitals. Doctors can do much more for wounded men when they are able to operate promptly, and the best way is to be as close as possible to the front lines."—San Francisco *News*, December 28.

* * *

'Deferment Policy Shaping'

Washington, Dec. 11.—(UP.)—President Roosevelt today appointed a special three-man committee to formulate uniform policies governing occupational deferment of Federal employees from the draft.

Mr. Roosevelt left reporters with the impression that the committee's policies might develop also into an overall guide for occupational deferments in private industry....

The President said the special committee was directed to give consideration to standards for determining:

1. Whether an employee is actually performing duties which are critically essential to the war effort.
2. Whether the employee can be replaced by others who are not eligible for military service.
3. Whether the employee's skills and abilities can best be used to make his maximum contribution to the total war effort in his civilian assignment or in military service. . . .—San Francisco *News*, December 11.

* * *

There's No Need to Be a Neurotic Nellie

A congressman from New Jersey recently called up the headquarters of the government agency charged with recruiting doctors for the armed services, moaning low that a lot of the people in a town of this congressman's district were protesting that one of the doctors of this community was about to be commissioned in the navy medical corps.

The congressman's constituents, needless to say, wanted something done about it. They wanted their doctor released from having to go in the navy. If something

wasn't done about it, the town was proposing to organize a delegation of 40 people to come down to Washington and get action. It was that serious. War or no war, these people weren't going to let the nasty old Navy take their beloved doctor away from them. War or no war, 40 people were going to put a further strain on the eastern railroads' transportation jam by traveling to Washington on a perfectly unnecessary journey.

A check-up on this particular situation back in Jersey revealed these facts:

The doctor in question was and had been for some time a commissioned officer in the Naval Reserve Medical Corps. He was not only willing but anxious to get into service. He was not the community's only physician. There would be no shortage of competent medical talent in the community.

And though this doctor couldn't exactly protest to his patients because of their devotion to him, his medical career in service was about to be ruined by the selfishness of a group of silly people who didn't want any other doctor to move into the community because they were afraid that after the war was over their old doctor might not come back.

Gave It Up

In the end, the delegation of 40 was persuaded not to come to Washington, and it looks as though the popular young doctor will go into service whether his patients want him to or not.

This situation is dealt with in this detail and in more space than it is probably worth because it is typical of a lot of the squawks that come into the headquarters of the Procurement and Assignment Service of the War Manpower Commission, which has the job of mobilizing the country's medical strength for war.

It is really amazing how much hell one neurotic Nellie can raise when she starts out to make a nuisance of herself, but the fact is that when a lot of the doctor-shortage scares are investigated they can be traced down to the individual head and bellyaches of people who think there is only one doctor in the world for their case.

How much choice do you suppose the soldier or sailor with half a leg or an arm shot off has in the selection of the surgeon who attends him? The answer is that he's glad to get whatever sawbones or pill dispenser happens along. . . . And as for Army medication, it has long survived on a reputation for administering shots, iodine or salts for all ailments, so if the armed services can survive on such treatment, civilians should be able to get along.

Stretch It Out

All this is not set down to minimize the fact that there are genuine shortages of doctors in some areas, and that these shortages may be caused by heavy recruitment of physicians. You can't slap 50,000 or 150,000 workers into a new war production area that two years ago was a great open space and expect them to get along without doctors.

But the answer is that civilian medical practice will have to be stretched farther. Specialists will have to give up their exclusive fields and become just plain old-fashioned family doctors. And patients will have to learn to adjust their illnesses.

Quit getting the doctor out in the middle of the night. You call at his office instead of making him call at your bed of pain.

There are so many sides to this question of the doctor shortage, however, that the subject will have to run into two more installments.—Visalia *Times-Delta,* December 2.

* * *

Take Cold or Bruise to Doctor; Don't Call Him to Your Home

Palo Alto.—(AP.)—"The hours of every civilian doctor are budgeted," Dr. L. R. Chandler of Stanford University said yesterday, and "patients suffering from poison oak will just have to wait for the patient who has coronary occlusion."

Dr. Chandler's comment was made in a review of civilian medical needs at a time when the armed forces are increasing their demand on the services of physicians and surgeons.

Speaking at a luncheon meeting of the Stanford Associates, the dean of the university's medical school said that although a critical shortage of doctors existed in some areas crowded by abnormal concentrations of war workers, for the most part civilians still are receiving all necessary medical care.

In time, Dr. Chandler pointed out, the present program of accelerated training adopted by most of the country's medical schools will bring results in the graduation of 50 per cent more qualified practitioners each year.

Until then, he suggested, the situation could be kept in hand if civilians would make a point of taking their minor afflictions, such as colds or smashed fingers, to doctor's offices for treatment. Eighty per cent of the cases on which physicians are called are of this secondary nature, he estimated.—Sacramento *Union,* December 9.

* * *

Misfits Are New Menace to Country

Chicago, Dec. 5.—(UP.)—Capt. David J. Flicker, M. D., said today that "tens of thousands" of Army inductees mentally and nervously unfit for service are being taken into the Army because of insufficient time allowed medical interviewers at induction boards.

Flicker, writing in *War Medicine,* published by the American Medical Association, estimated that 5 to 10 per cent of draft age men have psychiatric disorders which would cause them to break down under military life. Once these men become psychiatric war casualties, he said, the country must spend millions of dollars for their hospitalization and compensation.

At his post, Camp Blanding, Fla., one of the country's most active induction centers, Flicker said psychiatrists have only two or three minute interviews with inductees and no individual medical histories to detect these disorders.

To correct the situation, Flicker suggested: obtaining psychiatric histories from local selective service boards, schools and social service agencies, allowing a minimum of five minutes per interview and obtaining assistance from psychiatrists at State hospitals and institutions.—Hanford *Journal,* December 6.

COMMITTEE ON SCIENTIFIC WORK

OFFICIAL NOTICES: ANNUAL SESSION

Decision to hold a two-day, streamlined Annual Session of the California Medical Association in Los Angeles, Sunday, May 2nd—Monday, May 3rd, 1943, received comment in the December issue of CALIFORNIA AND WESTERN MEDICINE, on page 341.

Because of existing difficulties regarding transportation and to reassure members concerning rail and air schedules to Los Angeles, the information noted below is appended.

As stated in CALIFORNIA AND WESTERN MEDICINE, in December, the headquarters will be at Hotel Biltmore on Olive, between Fifth and Sixth Streets. Preliminary information concerning hotels appears below. In due course, other announcements will be made.

Members of the Association who have scientific papers in mind should promptly communicate with the proper Section Secretary. The list of Section Officers appears in each issue of CALIFORNIA AND WESTERN MEDICINE, on advertising page 6.

* * *

Transportation Information

Following schedules are subject to change.

Southern Pacific

SAN FRANCISCO

Name of Train	*Number*	*Leave San Francisco*	*Arrive Los Angeles*
		Coast Route	
Morning			
Daylight	98	8:15 a. m.	6:00 p. m.
Coaster	70	6:30 p. m.	8:30 a. m.
Lark	76	9:00 p. m.	9:00 a. m.
		Valley Route	
Owl	26	6:00 p. m.	8:35 a. m.
San Joaquin			
Daylight	52	7:30 a. m.	8:00 p. m.

OAKLAND

		Leave Oakland	Arrive Los Angeles
Owl	26	6:32 p. m.	8:35 a. m.
Lark	74-76	8:00 p. m.	9:00 a. m.

SACRAMENTO

		Leave Sacramento	Arrive Los Angeles
West Coast	15-60	8:00 p. m.	9:10 a. m.

* * *

United Airlines

United Airlines at the present time has a schedule showing nine flights daily between San Francisco and Los Angeles.

Hours of departure from San Francisco are as follows: 3:05 a.m., 6:45 a.m., 8:30 a.m., 11:00 a.m., 2:00 p.m., 4:00 p.m., 4:45 p.m., 6:15 p.m., and 8:30 p.m.

Hours of arrival in Los Angeles of the above airships are: 5:46 a.m., 9:15 a.m., 10:30 a.m., 1:38 p.m., 4:00 p.m., 6:10 p.m., 7:26 p.m., 8:25 p.m., and 10:40 p.m.

Los Angeles departure schedule to San Francisco follows: 7:00 a.m., 9:00 a.m., 11:00 a.m., 12:45 p.m., 2:15 p.m., 5:00 p.m., 6:45 p.m., 8:00 p.m., and 11:30 p.m.

The round trip fare between San Francisco and Los Angeles is $37.90—one way $18.95.

Reservations should be made in ample time. The San Francisco office of United Airlines is 400 Post Street.

United Airlines also flies airships between Los Angeles and San Diego, the round trip being $12.00—one way $6.00.

* * *

Santa Fe Railroad

San Francisco The Santa Fe at the present time has a schedule of 9 trains daily between San Francisco-Oakland and Los Angeles. (All San Francisco trains transfer to bus, at Bakersfield.)

Hours of departure from San Francisco are as follows: 9:00 a.m. (Streamliner), 3:00 p.m., 6:00 p.m. (Streamliner), and 11:30 p.m.

Hours of arrival in Los Angeles of the above trains are: 7:05 p.m., 4:10 a.m., 4:10 a.m., and 1:20 p.m.

San Diego The Santa Fe has 5 trains and 11 buses between Los Angeles and San Diego daily, the round trip being $3.03 by either train or bus, one way by bus $1.98 and by train $2.18.

Hotels: Los Angeles

The official headquarters of the next Annual Session will be the Biltmore Hotel, Los Angeles. Owing to existing conditions, it is probable that the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, the date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed, twin beds, bath).

LOS ANGELES HOTELS: WITH TELEPHONE NUMBERS

A list of some hotels in Los Angeles within easy distance of the Biltmore.

Hotels — *Telephones*

Alexandria Hotel, 210 W. Fifth St.....(MAdison 2741)
Ambassador Hotel, 3400 Wilshire Blvd...(DRexel 7011)
*Biltmore Hotel**, 515 S. Olive.....(MIchigan 1011)
Carlton Hotel, 529 S. Figueroa St....(MIchigan 6571)
Chapman Park Hotel,
615 S. Alexandria Ave.....(FItzroy 1181)
Clark Hotel, 426 S. Hill St.....(MIchigan 4121)
Gates Hotel, 830 W. Sixth St.....(TRinity 3931)
Hayward Hotel, 206 W. Sixth St.....(MIchigan 5151)
Mayfair Hotel, 1256 W. Seventh St.....(FItzroy 4161)
Mayflower Hotel, 535 S. Grand Ave...(MIchigan 1331)
Monarch Hotel, 905 W. Fifth St.....(MIchigan 7311)
San Carlos Hotel, 507 W. Fifth St.....(MUtual 2291)
Savoy Hotel, 601 W. Sixth St.....(MAdison 1411)
Stillwell Hotel, 838 S. Grand Ave.....(TRinity 1151)
Town House,
639 S. Commonwealth Ave.....(EXposition 1234)
William Penn Hotel,
2208 W. Eighth St.....(EXposition 3181)

* Headquarters Hotel.

* * *

BILTMORE HOTEL: HEADQUARTERS HOTEL
515 S. Olive (MIchigan 1011)
Mr. Alvin Knocke, Assistant Manager
(In charge of reservations)

Single rooms.....$5.00, $5.50, $6.00, $6.50 and $7.00
Double rooms.....$7.00, $7.50, $8.00, $8.50 and $9.00
Suites.....$12.00, $15.00, $20.00

All rooms in the Biltmore have individual private baths, and in the case of the doubles, twin or double beds are optional.

AMBASSADOR HOTEL
3400 Wilshire Blvd. (DRexel 7011)
Mr. J. E. Benton, Manager

Single room with bath, one person.....$ 5.00
Double room with bath, two persons..... 8.00
Twin beds 15.00
Two single rooms, bath between, two persons, each. 8.00
Two double rooms, bath between, four persons, each 15.00

ALEXANDRIA HOTEL
210 W. Fifth St. (MAdison 2741)
Mr. Clayton V. Smith, Manager

Single room with bath, one person.....$3.00
Double room with bath, two persons..... 4.00

CHAPMAN PARK HOTEL
615 S. Alexandria Ave. (FItzroy 1181)
Mr. Harry S. Ward, Manager

Single room with bath, one person.....$3.00
Double room with bath, two persons..... 4.00

CLARK HOTEL
426 S. Hill St. (MIchigan 4121)
Mr. Beckett, Manager

Single room with bath, one person.....$3.00
Double room with bath, two persons..... 4.00

GATES HOTEL
830 W. Sixth St. (TRinity 3931)
Mr. Vernon Peck, Manager

Single room without bath, one person.....$1.50
Double room without bath, two persons, each..... 1.50
Single room with bath, one person..... 3.00
Double room with bath, two persons..... 4.00
Two single rooms, bath between, two persons, each.. 4.00
Two double rooms, bath between, four persons, each. 4.00

HAYWARD HOTEL
206 W. Sixth St. (MIchigan 5151)
Mr. Russell Wagner, Manager

Single room without bath, one person.....$2.00
Double room without bath, two persons, each..... 2.50
Single room with bath, one person..... 2.50
Double room with bath, two persons..... 3.00
Two single rooms, bath between, two persons, each.. 3.50

MAYFAIR HOTEL
1256 W. Seventh St. (FItzroy 4161)
Mr. H. H. Hasslinger, Manager

Single room with bath, one person.....$2.75
Double room with bath, two persons..... 3.30

MAYFLOWER HOTEL
535 S. Grand Ave. (MIchigan 1331)
Mr. J. B. Huesman, Manager

Single room with bath, one person.....$2.75
Double room with bath, two persons..... 3.85
Connecting rooms with bath..... 3.80

ROSSLYN HOTELS

111 W. Fifth St. (MIchigan 3311)

Mr. E. S. Heckler, Manager

Single room without bath, one person.....$1.50
Double room without bath, two persons..... 2.00
Single room with bath, one person..... 2.00
Double room with bath, two persons..... 3.00

WILLIAM PENN HOTEL

2208 W. Eighth St. (EXposition 3181)

Mrs. Dawn Olson, Manager

Single room with bath, one person.....$2.00
Double room with bath, two persons..... 2.50
With twin beds..... 3.50

TOWN HOUSE HOTEL

639 S. Commonwealth Ave. (EXposition 1234)

Mr. C. W. Gaskell, Manager

Single room with bath, one person.....$ 6.00
Double room with bath, two persons..... 7.00
Single suites with baths..... 10.00

HOTEL STILLWELL

838 S. Grand Ave. (TRinity 1151)

Mr. F. W. Morris, Manager

Single room with bath, one person.....$3.50
Double room with bath, two persons..... 4.00

SAVOY HOTEL

601 W. Sixth St. (MAdison 1411)

Mrs. Leslie Consolloy, Manager

Single room without bath, one person.....$2.00
Double room without bath, two persons..... 2.75
Single room with bath, one person..... 2.75 up
Double room with bath, two persons..... 2.75 up

CARLTON HOTEL

529 S. Figueroa St. (MIchigan 6571)

Mr. Tom Miles, Manager

Single room with bath, one person.....$2.00
Double room with bath, two persons..... 3.00
Two double rooms, bath between, per suite..... 5.00

MONARCH HOTEL

905 W. Fifth St. (MIchigan 7311)

Mr. J. Westerbach, Manager

Single room with bath, one person.....$2.00
Double room with bath, two persons..... 3.00

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Basic Science Act — Proposition No. 3 on the November 3, 1942, Ballot. Final Figures

As a matter of final record, CALIFORNIA AND WESTERN MEDICINE is reprinting from Publication 19012 of the State of California on "Statement of Vote of the General Election of November 3, 1942," the final and official figures by counties.

It will be noted therefrom that with the exception of three counties, the measure went down to defeat, the total vote for the Basic Science Act being 584,324 and the total ballot against the proposed law being 1,132,957.

The three counties which cast more votes in favor than against were Marin (124), San Mateo (80), and San Francisco (16,770). The figures in brackets show the favorable majority in these three counties.

Detailed vote follows:

Counties	*Yes Votes*	*No Votes*
Alameda	68,160	84,638
Alpine	17	62
Amador	433	1,167
Butte	2,752	5,727
Calaveras	551	1,242
Colusa	597	1,433
Contra Costa	11,053	18,117
Del Norte	317	530
El Dorado	656	2,257
Fresno	8,526	25,652
Glenn	957	2,023
Humboldt	4,264	6,950
Imperial	1,643	3,886
Inyo	502	1,130
Kern	7,435	16,392
Kings	1,502	4,383
Lake	511	1,387
Lassen	748	1,785
Los Angeles	218,517	539,971
Madera	847	2,777
Marin	6,278	6,154
Mariposa	319	771
Mendocino	1,552	3,728
Merced	2,334	5,046
Modoc	301	920
Mono	80	274
Monterey	5,081	7,644
Napa	3,219	3,465
Nevada	1,266	2,354
Orange	9,820	27,259
Placer	1,597	4,639
Plumas	506	1,275
Riverside	6,691	16,697
Sacramento	11,108	29,942
San Benito	1,209	1,129
San Bernardino	8,957	26,541
San Diego	22,212	42,704
San Francisco	89,027	72,257
San Joaquin	6,021	19,891
San Luis Obispo	2,872	5,212
San Mateo	14,881	15,197
Santa Barbara	5,426	11,428
Santa Clara	17,935	26,601
Santa Cruz	4,404	7,035
Shasta	1,401	3,915
Sierra	140	371
Siskiyou	1,915	3,707
Solano	4,325	7,927
Sonoma	5,774	10,895
Stanislaus	4,274	11,458
Sutter	666	2,887
Tehama	779	2,329
Trinity	282	590
Tulare	4,292	11,962
Tuolumne	850	1,716
Ventura	3,723	9,497
Yolo	2,264	3,460
Yuba	555	2,566
Totals on No. 3 (Basic Science)	584,324 (Yes)	1,132,957 (No)

California Legislature to Streamline New Session

Lyon, Slated for Speakership of Assembly, Reveals Plan to Speed Up Work in 1943

Sacramento, Dec. 14.—(AP.)—Further streamlining of legislative procedure is in prospect for the fifty-fifth session, Assemblyman Charles Lyon said today in support of a prediction that the legislature may finish its work by late April or May.

The veteran Los Angeles Assemblyman, who appears to be slated for the speakership, said that a forty-day constitutional recess, instead of the usual thirty days, probably will be taken to enable the State printing plant to turn out the bills introduced at the opening session despite the reduction of its force by war demands. . . .

The plan to facilitate proceeding will include the convening of assembly sessions at 10 a. m. instead of 2 p. m., reduction of standing committees from fifty-seven to twenty-seven, with no members holding membership on more than four committees, a simplification of House rules and the holding of committee meetings from 3 p. m. to 6 p. m., and at nights instead of in the forenoon. . . .
—San Francisco *Examiner*, December 15.

CALIFORNIA LEGISLATURE: 55TH SESSION

Roster of State Senators and State Assemblymen

Much legislation related to public health work will be submitted to the Legislature now in session at Sacramento. For the convenience of C.M.A. members the Senate and Assembly rosters appear below. Addresses given are home addresses. At Sacramento, the legislators may be addressed in care of Senate or Assembly Chamber, the Capitol, Sacramento.

State Senators

(Senators from odd-numbered districts were elected in 1940)

District Number

1 Harold J. Powers (R)—Eagleville
2 Randolph Collier (R)—555 North Main Street, Yreka
3 Irwin T. Quinn (D)—First National Bank Building, Eureka
4 George Milton Biggar (R)—Covelo
5 Oliver J. Carter (D)—Carter Building, Redding
6 Charles H. Deuel (D)—273 East Sacramento Avenue, Chico
7 Jerrold L. Seawell (R)—303 Mariposa Avenue, Roseville
8 Clair Engle (D)—1010 Jackson Street, Red Bluff
9 H. E. Dillinger (D)—618 Main Street, Placerville
10 W. P. Rich (R)—Marysville
11 Frank L. Gordon (R)—Suisun
12 Herbert W. Slater (D)—800 Fourth Street, Santa Rosa
13 Thomas F. Keating (D)—Freitas Building, San Rafael
14 John F. Shelley (D)—69 Beachmont Drive, San Francisco
15 Thomas McCormack (R)—Rio Vista
16 Arthur H. Breed, Jr. (R)—315 Fifteenth Street, Oakland
17 T. H. DeLap (R)—American Trust Building, Richmond
18 Byrl R. Salsman (R)—2030 Webster Street, Palo Alto
19 John Harold Swan (D)—1133 Marian Way, Sacramento
20 Bradford S. Crittenden (R)—145 East Harding Way, Stockton
21 Harry L. Parkman (R)—934 Rosewood Drive, San Mateo
22 Hugh P. Donnelly (D)—953 Sierra Drive, Turlock
23 H. R. Judah (R)—42 Third Street, Santa Cruz
24 George J. Hatfield (R)—P. O. Box C., Newman
25 Edward H. Tickle (R)—Carmel
26 Jesse M. Mayo (R)—Angels Camp
27 R. R. Cunningham (D)—Hanford
28 Charles Brown (D)—Shoshone
29 Chris N. Jespersen (R)—Atascadero
30 Hugh M. Burns (D)—3307 Huntington Boulevard, Fresno
31 Clarence C. Ward (R)—220 La Arcada Building, Santa Barbara
32 Frank W. Mixter (R)—303 East Palm Street, Exeter
33 James J. McBride (D)—471 East Main Street, Ventura
34 Jesse R. Dorsey (R)—1028 Q Street, Bakersfield
35 Thomas H. Kuchel (R)—Bank of America Building, Anaheim
36 Ralph E. Swing (R)—Central Building, San Bernardino
37 Vacancy—Riverside County
38 Jack B. Tenney (D)—3201 West Seventy-second Street, Los Angeles
39 E. George Luckey (D)—307 West Eighth Street, Brawley
40 Ed Fletcher (R)—869 Rosecrans Boulevard, San Diego

(R) *Republican Senators* 23
(D) *Democratic Senators* 16
Vacancy 1
40

State Assemblymen

District Number

1 Michael J. Burns (R)—1644 Summer Street, Eureka
2 Paul Denny (R)—Etna
3 Lloyd W. Lowrey (D)—Rumsey
4 Albert M. King (D)—Riverside Drive, Oroville
5 Ernest C. Crowley (D)—Fairfield
6 Allen G. Thurman (R)—Colfax
7 Richard H. McCollister (R)—77 Marguerite Avenue, Mill Valley
8 Chester F. Gannon (R)—3543 H Street, Sacramento
9 Earl D. Desmond (D)—2022 Twenty-second Street, Sacramento
10 Harold F. Sawallish (D)—American Trust Building, Richmond
11 Charles M. Weber (R)—219 North Sutter Street, Stockton
12 James E. Thorp (R)—Lockeford
13 Francis Dunn, Jr. (D)—1634 Sixty-ninth Avenue, Oakland
14 Randal F. Dickey (R)—3221 Thompson Avenue, Alameda
15 Bernard A. Sheridan (R)—3135 Sheffield Avenue, Oakland
16 Arthur W. Carlson (R)—12 Marlborough Court, Piedmont
17 Edward J. Carey (R)—4506A San Pablo Avenue, Emeryville
18 Gardiner Johnson (R)—765 San Luis Road, Berkeley
19 Bernard R. Brady (D)—886 Thirty-ninth Avenue, San Francisco
20 Thomas A. Maloney (R)—350 Missouri Street, San Francisco
21 Albert C. Wollenberg (R)—2748 Steiner Street, San Francisco
22 George D. Collins, Jr. (D)—1456 Union Street, San Francisco
23 William Clifton Berry (D)—3747 Twentieth Street, San Francisco
24 Edward F. O'Day (D)—1353 Church Street, San Francisco
25 Gerald P. Haggerty (D)—155 St. Elmo Way, San Francisco
26 Edward M. Gaffney (D)—2081 Fifteenth Street, San Francisco
27 Harrison W. Call (R)—Eaton Drive, Redwood City
28 Raup Miller (R)—2237 El Camino Real, Palo Alto
29 John F. Thompson (D)—Route 4, Box 299, San Jose
30 Ralph M. Brown (D)—915 Carolyn Avenue, Modesto
31 George A. Clarke (R)—Route 1, Box 105, Le Grand

32 Jacob M. Leonard (R)—470 Hawkins Street, Hollister
33 Fred Weybret (R)—Star Route, Soledad
34 J. G. Crichton (D)—752 Buckingham Way, Fresno
35 S. L. Heisinger (D)—Route 4, Box 90E, Fresno
36 C. L. Guthrie (D)—627 Mill Street, Porterville
37 Alfred W. Robertson (D)—1524 Garden Street, Santa Barbara
38 Walter J. Fourt (R)—315 Lupin Way, Ventura
39 Thomas Harold Werdel (R)—2200 Pine Street, Bakersfield
40 William H. Rosenthal (D)—409 South Boyle Avenue, Los Angeles
41 Julian Beck (D)—423 Hagar Street, San Fernando
42 Everett G. Burkhalter (D) — 11005 Morrison Street, North Hollywood
43 C. Don Field (R)—1552 Ridgeway Drive, Glendale
44 John B. Pelletier (D)—248 South Olive Street, Los Angeles
45 Thomas J. Doyle (D)—4333 Griffin Avenue, Los Angeles.
46 Glenn M. Anderson (D)—582 North Hawthorne Boulevard, Hawthorne
47 Willis Sargent (R)—300 Bellfontaine, Pasadena
48 T. Fenton Knight (R)—4850 Oakwood Avenue, La Canada
49 Lee T. Bashore (R)—250 Live Oak, Glendora
50 Thomas M. Erwin (R)—1425 South Central Avenue, El Monte
51 Elwyn S. Bennett (D)—918 South Fraser Avenue, Los Angeles
52 Jonathan J. Hollibaugh (R)—6908 Rugby Avenue, Huntington Park
53 Lothrop Smith (R)—568 North Milton Drive, San Gabriel
54 John B. Knight (R)—5224 Maywood, Eagle Rock
55 Vernon Kilpatrick (D)—1246 South Hope Street, Los Angeles
56 Ernest E. Debs (D)—2324 Teviot Street, Los Angeles
57 Franklin J. Potter (R)—3277 Primera Avenue, Hollywood
58 Frank J. Waters (R)—959 Keniston Avenue, Los Angeles
59 Charles W. Lyon (R)—604 North Oakhurst Drive, Beverly Hills
60 Jesse Randolph Kellems (R)—454 Cuesta Way, Bel Air, Los Angeles
61 Lester A. McMillan (D)—2726 Forrester Drive, Los Angeles
62 Augustus F. Hawkins (D)—220 East 46th Street, Los Angeles
63 Don A. Allen (D)—3867 Degnan Boulevard, Los Angeles
64 John C. Lyons (R)—3208 Bellevue Avenue, Los Angeles
65 John W. Evans (D)—4813 South Western Avenue, Los Angeles
66 Jack Massion (D) — 846 East Seventy-seventh Street, Los Angeles
67 Clayton A. Dills (D)—15145 South Vermont Avenue, Gardena
68 Vincent Thomas (D)—722 West Twentieth Street, San Pedro
69 Ralph C. Dills (D)—1505 North Spring Street, Compton
70 Lorne D. Middough (D)—233 Roswell Avenue, Long Beach
71 Fred N. Howser (R)—3940 Linden Avenue, Long Beach
72 R. Fred Price (R)—303 West Emporia Avenue, Ontario
73 Douglas P. Armstrong (R) — Palmetto Street, Redlands
74 Clyde A. Watson (R) — 273 North Harwood Street, Orange
75 Sam L. Collins (R)—North Cypress Avenue, Fullerton
76 Nelson S. Dilworth (R)—Route 1, Box 18, Hemet
77 Harvey E. Hastain (R)—277 West K Street, Brawley
78 Frederick H. Kraft (R)—1889 Bacon Street, San Diego
79 Kathryn T. Niehouse (R)—4889 Bancroft Street, San Diego
80 Charles W. Stream (R)—664 Del Mar Avenue, Chula Vista

(R) *Republican Assemblymen 44*
(D) *Democratic Assemblymen 36*

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CALIFORNIA'S MEDICAL PRACTICE ACT—ARE TEMPORARY LICENSES TO PRACTICE DESIRABLE?

The items which appear below are referred to in brief editorial comments which appear on page 2. ("Item A draft" was submitted by the American Federation of Medical Boards.)

Item A

A draft of proposed legislation to authorize and provide for the temporary admission to practice in the States of physicians and dentists to protect the health of the civilian population during the war emergency period.

Be it enacted . . .

Section 1. *Purpose.* A serious public emergency exists or may exist in this State because of the demands of the armed services for physicians and dentists. Coöperation on the part of the State, with certain Federal agencies, such as the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians of the War Manpower Commission is imperative, so that temporary relocation of physicians and dentists may be accomplished, to overcome acute shortages in specific localities from time to time. For the protection of the health and welfare of the people of the State, power to provide for the temporary admission to practice in the State of physicians and dentists, licensed as such outside the State, is hereby conferred upon the State Board of Medical Registration and Education* and the State Board of Dental Registration and Education* upon conditions and under regulations prescribed by them.

Section 2. *Power to provide for the temporary admission to practice medicine and dentistry in the State.* To accomplish the purpose set forth in Section 1, and notwithstanding any inconsistent provision of law, the State Boards of Registration and Education in Medicine and Dentistry* shall have power by general regulations or specific orders, to issue temporary emergency certificates to such physicians and dentists, licensed as such outside the State, as they shall find qualified to practice as such in the State during such emergency. The holder of any such temporary certificate shall be privileged during the term specified therein, unless sooner revoked, to practice his profession within the State, subject however, to all laws of the State generally applicable to the practice of such profession and to such regulations, restrictions, and area limitations as the State Boards* may make or impose as to them or any of them and their practice within the State.

* Substitute appropriate licensing agency or group existing in your State.

Item B

Statement of Principles to be recommended to the respective State Boards of Registration and Education in Medicine and Dentistry.

1. The need for relocation or assignment of physicians or dentists shall be determined by the Directing Board of the Procurement and Assignment Service with the aid of the State Committees of the Procurement and Assignment Service and other agencies and on agreement with the State Boards of Registration and Education in Medicine and Dentistry.

2. These needs shall be met as far as possible by the relocation of physicians or dentists holding licenses within the State.

3. Whenever possible needs shall be met by taking full advantage of existing provisions for reciprocity between the states and inter-state endorsement.

4. Whenever existing laws make impossible the granting of temporary certificates, state boards should recommend to the Governor and to the state legislatures the earliest possible enactment of the bill designed to make possible the utilization of physicians and dentists under temporary certification.

5. When existing measures for relocation of physicians or dentists prove inadequate State Boards of Registration and Education may request the Directing Board of the Procurement and Assignment Service to certify to them the names and qualifications of physicians and dentists who have volunteered or who may be otherwise available for relocation, at which time also such physicians or dentists may be notified that their names have been sent to the State Boards making such requests.

6. The physician or dentist who accepts relocation shall agree to assignment to the specific area in which services are required and to acceptance of a certificate which limits the duration of such service to the period of the emergency and for such additional time as the State Boards may prescribe.

7. In view of the emergency character of this action, the Committee representatives, the Directing Board of the Procurement and Assignment Service, and the Federation of State Medical Boards of the United States, recommend that fees for such certification be waived or reduced to a minimum.

* * *

Item C*

1. How soon after application will the temporary license be issued?

2. Who will pass on credentials submitted, particularly by foreign medical school graduates?

3. How many votes of the California State Board of Medical Examiners will be required to issue a temporary license? Will special Board meetings be required? Source of funds for transportation of Board members.

4. How long will be the term of the temporary license?

5. Will the holder of a temporary license be required to pay the annual tax, the same as is required of other licentiates? The State of California contributes no support from its General Fund. The Board's funds come entirely from physicians. Amount available is subsequently budgeted by other authorities.

6. What method will be employed to see that the holder:

a. Ceases practice when his temporary license expires?
b. Has kept the main office of the Board informed of any change in address or location during the period the temporary license was operative.

7. What penalty will be imposed for his failure to pay annual tax?

8. What procedure will be followed if the holder of a temporary license is guilty of unprofessional conduct?

9. What penalty will be imposed if he has secured his license based on fraudulent credentials?

10. What procedure would be followed if he secured a license based on any government credentials when the records subsequently showed him as a graduate of a "nonrecognized" school?

11. What check will be possible on the temporary licensee's diploma if issued by a so-called "diploma mill"?

12. What disposition will be made in the instance of the following:

a. Those who have failed to pass a California State Board examination?
b. Those who may have a criminal record here or elsewhere?
c. Those whose license to practice has been revoked either in California or elsewhere?
d. Those reported as engaged in narcotic irregularities in California or elsewhere?

13. How will cancellation of temporary license be enforced?

14. Attention is called to the fact that possession of medical college diploma as well as medical license, etc., are not conclusive. For cases of history of fraudulent credentials, see:

Phillips, James H., A.M.A. Jour., Sept. 12, 1942, p. 145.

Raffelson, Aaron W., A.M.A. Jour., May 24, 1941, p. 2424.

Pamphlet entitled, "Fraudulent Credentials," by Charles B. Pinkham, M. D.

* * *

Item D*

Section 1 authorizes the granting of a temporary admission to practice. This will have to be very carefully guarded lest the practice of medicine be opened to everyone, either foreign or domestic, who seeks to practice in California, whether by purchased diploma or by experience in other states. In many states, such as Texas and Oklahoma, not excepting Massachusetts, persons in the past have been licensed to practice without medical diplomas. This is similar to the procedure reported in China, where all one has to do is to announce: "I am a doctor" and proceed to practice.

Page 2 contains a draft of proposed legislation to accomplish the above mentioned "temporary licensing" and also provide for "temporary relocation" of present licentiates. Referring to the first paragraph of page 2, providing for "temporary admission to practice in the State of physicians . . . licensed as such outside the State," this opens the door to everyone licensed to practice in States and Territories of the United States and everyone licensed to practice in any foreign country. We are wondering what means will be taken to "temporarily relocate" licensed physicians and surgeons and who will pay the cost of transportation, as well as the expenses of physicians until their income is satisfactory, for instance, in the case of San Francisco physicians supposed to locate in out of the way places such as Paradise Valley, etc.

Section 2 provides for "power to provide for the temporary admission to practice medicine . . . in this State," this to be accomplished by State Boards assuming power "by general regulations or specific orders . . ." and the natural inquiry is as to who issues the orders. It certainly will not be interstate, unless the legislature passes a law to that effect. Do these "specific orders" refer to "regimentation" from headquarters in Washington, D. C.?

Section 2 provides for "temporary emergency certificates," but no mention is made as to the duration of such

* Queries in re: California Law.

* Some comments and questions which may arise on law proposed by the American Federation of State Medical Boards. See Item A for draft of the proposed law.

certificate. After the "duration," the individual who has been practicing in a locality under such a temporary certificate, will probably seek every possible aid to continue such practice and the argument will be advanced that if he was good enough to practice during the "emergency," he is certainly good enough to practice in a specific locality after the "emergency" is over. There is no doubt but that he will muster much individual legislation along that particular line. At least, past experience so indicates.

Section 2 provides that the holder of such a "temporary certificate" shall be privileged to practice within the State, "subject to all laws of the State generally applicable to the practice . . ." Phraseology such as this will cause no end to the present difficulties in law enforcement. Disciplinary action in citing temporary certificate holders will be ineffectual. Citation of violators of narcotic laws, etc., will also be ineffectual.

Paragraph 7 of the "Principles," refers to the granting of temporary certificates in the State of California on waiver or reduction to a minimum of the fee established by law. Inasmuch as the California Board of Medical Examiners exists only on the income from the fees that it collects, it would not be long before the financial condition might make further functioning impossible.

COMMITTEE ON MEDICAL ECONOMICS

Trust Conviction of Medical Body Up to High Court

Washington, Dec. 11.—(AP.)—Validity of the American Medical Association's conviction on a charge of violating the Sherman Anti-Trust law by alleged activities against a group-health organization in the District of Columbia was at issue today in arguments before the Supreme Court.

One of the disputed points was whether practicing medicine is a trade or a profession. The Sherman act prohibits combinations in "restraint of trade."

The Association and an affiliate, the Medical Society of the District of Columbia, were convicted in the United States district court here. A $2500 fine was imposed against the national organization and a $1500 fine against the local society.

Conspiracy Charged

They were accused of conspiring against Group Health Association, Inc., described as a nonprofit coöperative association of Government employees.

Thurman Arnold, assistant attorney general in charge of anti-trust law enforcement, contended in a brief filed with the court that "the conspiracy to prevent Group Health from successfully carrying on its business of furnishing medical service to members of the consuming public was a restraint of trade prohibited by the Sherman act."

Defined as Trade

"Group Health," he added, "was engaged in a large scale undertaking to provide medical service in exchange for payment of dues. This exchange of service for money is trade in the primary and most usual meaning of the word."

Seth W. Richardson, Washington attorney for the medical associations, replied that "all of the dictionaries agree that in the broadest meaning ever ascribed to trade to date it has never been understood to include the arts or the learned professions."

Judicial definitions and the legislative history of the Sherman act, he added, demonstrate "inescapably" that the word "concerns only commercial activities and excludes the learned professions."—Oakland *Tribune*, December 11.

Charity Hospitals Not Required to Contribute to Unemployment Insurance Fund, Judge Wilson Rules

In a decision which will affect all charitable hospitals throughout California, Superior Judge Emmet H. Wilson has determined that such hospitals are not employers within the meaning of the California Unemployment Insurance Act and are therefore not required to make contributions to the Unemployment Insurance Fund. The case is said to be one of first impression in California.

Excerpts from the opinion follow:

OPINION

No. 474,695

In the Superior Court of the State of California in and for the County of Los Angeles.

* * *

Seaside Memorial Hospital of Long Beach, a nonprofit corporation, Petitioner, vs. *California Employment Commission, et al.,* Respondents, and *Edith Newby Cope, et al,* Co-Respondents.

* * *

For Petitioner: Musick & Burrell and James E. Ludlam. Amici Curiae in support of Petitioner: Orrick, Dahlquist, Neff & Herrington.

For Respondents: Earl Warren, Attorney General and John J. Dailey, Deputy Attorney General.

Of Counsel for Respondents: Maurice P. McCaffrey, Glenn V. Walls, Elizabeth Doyle, Forest M. Hill, and Doris H. Maier.

* * *

This is a mandamus proceeding brought for the purpose of requiring respondent California Employment Commission, its members and Director, hereinafter sometimes referred to jointly as "Commission," to reverse its ruling in a tax decision case wherein said Commission held that petitioner, hereinafter sometimes called "Hospital" was an employer subject to the provisions of the California Unemployment Insurance Act, and to make the following rulings: . . .

Petitioner's claim of exemption under section 7(g) of the statute. Section 7 of the California Unemployment Insurance Act provides: "The term 'employment' does not include: * * * (g) Service performed in the employ of a corporation, community chest, fund, or foundation, organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals, no part of the net earnings of which inures to the benefit of any private shareholder or individual;" (Stats. 1939, ch. 1039, p. 2850.) This language is identical with that found in section 907 (c) (7) of the Federal Social Security Act which in turn was taken verbatim from section 101 (6) of the Revenue Act of 1934. In 1939 said section 907(c)(7) became section 1607 (c) (8) of the Internal Revenue Code (26 U. S. C. A. sec. 1607, p. 402) with the addition of words not affecting or applicable to this proceeding. . . .

Petitioner's claim of exemption under section 7(g) of the statute. . . .

In order to do charity petitioner must have funds. It is not necessary that a charitable organization originate from or be maintained by means of bequests, donations, and offerings from public moneys, nor need its representatives go on the streets with coin boxes or tambourines soliciting passers-by in order to supply its treasury. It may collect from those who are able to pay for services rendered to them and use the remaining surplus in its charitable work without loss of its status as a charitable corporation. Neither does the fact that petitioner purchased the hospital from a corporation organized for profit militate against its rights and privileges provided by law. Whether petitioner borrowed money for the purpose of constructing a new building and purchasing operating equipment, agreeing to repay the same in installments represented by bonds, or purchased an existing complete plant, paying for it in the same manner, the result is identical. *(Virginia Mason Hospital Ass'n v. Larson,* 9 Wash. (2d) 284, *supra; Commissioner of Internal Revenue v. Battle Creek, Inc.,* 126 Fed. (2d) 405, *supra.)* Neither a certain defined amount of its expenditures for charity nor the percentage thereof in relation

to its income or to its other expenses is the criterion. Not all of the patients need be treated free of charge. The number of free beds maintained by petitioner is only relative and is not important. There is no restrictive terminology in the statute from which it can be inferred that the legislature intended that a charity must be extensive in order to qualify under the law. To tax a nonprofit hospital is to place a direct tax on the sick and injured. The stipulated facts and the applicable law demonstrate that petitioner is organized exclusively for charitable purposes, that it is operated exclusively for such purposes, that no part of its net earnings inures to the benefit of any private shareholder or individual, and that by reason of the provisions of section 7 (g) of the act it is exempt from taxation under the statute and from the jurisdiction of respondents.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

The Los Angeles and San Francisco County Medical Societies are two component county units of large membership and interests.

At the close of the calendar year, the retiring officers presented reports in which current activities received comment.

Since most county societies are called upon to solve problems of somewhat similar qualitative nature, C. and W. M. presents here, for their suggestive value concerning county society work, the reports of Doctor John W. Cline, retiring president of the San Francisco County Medical Society, and Doctor Lewis A. Alesen, Secretary of the Los Angeles County Medical Association:

San Francisco County Medical Society

Annual Report of the President

The by-laws of the Society require that the president render, at the annual meeting, a report of the Society's activities during the preceding year. Having had the honor of being your president during the past year, I submit this report. There is much to be covered, but I shall make it as brief as possible and, to this end, shall divide it into several sections.

Activities Directly Associated With the War

Members in Service.—About three hundred members of the Society have requested leaves of absence for military duty. A sufficient number of additional members have joined the Service without the formality of requesting leave to bring the total of active members now in the service to about one-third of the entire Society.

Procurement and Assignment.—The State Procurement and Assignment Service under the able chairmanship of Harold Fletcher has met the difficult problem of enlistment in the Service and the maintenance of adequate civilian medical care in an orderly and efficient manner. It has had the complete coöperation of the Society's Committee on Procurement and Assignment, headed first by Doctor Fletcher himself and subsequently by Doctor Moore and Doctor Ebright. This committee has done splendid work and is deserving of commendation.

Selective Service.—Members of the Society have continued to render their services to the draft boards and the various phases of the selective service program generously and without compensation.

Special Service Fund.—The Special Service Fund with which you are all familiar now contains about $10,000. The cause is worthy and deserves far greater support than the membership has accorded it to date. It is to be hoped that the Society will respond with increasing interest and contributions.

Emergency Activities Arising From the War

Disaster Program.—Under the guidance of Henry Gibbons, III, acting first as chairman of the Medical Division of the Red Cross Disaster Program and later as the Medical Director of Civilian Defense, the Society has furnished the personnel of the hospital and station organizations for the care of the civilian population in the event of disaster. The plans have been developed and improved in constant consultation with officers of the Society. Recent improvements in the organization of this service have greatly increased its efficiency and make it more adaptable to any type of emergency.

Demands in Private Practice.—The reduction of numbers of physicians in private practice and the population increase in the community have placed additional burdens of practice upon those who have remained behind. The Society has been responsible for publicizing this fact and has urged that patients be as considerate as possible in making demands for professional services. We have asked that they give due consideration to the elements of necessity and time in making requests for service.

Health Service System.—After four years of negotiations, and at times, acrimonious conflict, with the Health Service System, a new era is apparent. There has been sufficient alteration in the personnel and attitude of the Health Service Board that coöperation in the solution of mutual problems now seems assured. The Board has made upward revisions in the rates for subscribers which should accomplish a 100 cent unit. It has given the Society assurance and impressed upon its own members that no satisfactory operation of the system can be expected until and unless the physicians rendering care to the municipal employees are paid in full. With this principle established, the major source of friction has been removed. In view of the friendly and coöperative spirit of the board and its medical director, A. S. Keenan, such minor difficulties as may arise should be easily adjusted without controversy. The committee headed by Stanley Mentzer has rendered a real service to the Society.

Well Baby Clinics.—For years, so-called Well Baby Clinics operated by city and private agencies, have proceeded to render partial and in some instances extensive medical care to the community without adequate supervision and without social service eligibility requirements or investigation. The Society has taken the position that it is desirous of furthering the care of the deserving but that extension of free care to the undeserving is an imposition upon the taxpayers, staffs of these clinics and the medical profession. The matter was laid before Mr. Thomas Brooks, Chief Administrative Officer of the city, and he has directed the inclusion of social service costs for one of these clinics in the next budget. If the results of this investigation establish what appears to be the actual situation, we can look forward to the time when these agencies will be brought under social service rules comparable to those of the San Francisco Hospital.

C.P.S.—The Society has continued to give excellent support to the California Physicians' Service, and the wisdom of this course is now clear. C.P.S. has grown and has expanded into new fields. It has taken over the medical care in the federal housing projects in the San Diego, Los Angeles, Marin and Vallejo areas and is soon to add others. C.P.S. has already changed many of its contracts and is in the process of changing most of the remainder from full to limited coverage. This change has been reflected in some increase in the unit value and material improvement will soon follow.

The short-sighted attitude of certain county societies toward C.P.S. is scarcely understandable. One society has already paid for it by having a well-financed, well-

organized, closed staff organization set up in its community. Such groups are bound to result in ultimate detriment to both the patient and the profession. Let us hope that the mistakes of the past will not be repeated.

As the war progresses, particularly after its conclusion, C.P.S. will prove of inestimable value and will stand as a monument to the vision and public spirit of the medical profession.

Hospital Conference Liaison Committee.—There has been increasing coöperation between the Hospital Conference and the County Society. Some time ago, the Conference asked that a liaison committee of three members from each body be established. This committee was created and a number of meetings have been held. One of the concrete results of this coöperative endeavor was prevention of the approval of a proposed surgical indemnification contract which was to have been issued by the Hospital Service of California in competition with C.P.S.

Standing and Special Committees.—The standing and special committees of the Society have done their work well. Time does not permit a discussion of all of these activities. The reports of these committees will be given tonight or published in the *Bulletin.*

Membership.—The active membership of the Society has been reduced. The number of new members during the past year is 104. When this is balanced against a loss of more than 300, it is apparent that a substantial reduction in total membership has taken place. The responsibility of those who remain has been consequently increased. In spite of the increased demands of practice, we must bear in mind that the County Medical Society is our organization and the representative of the medical profession in San Francisco. We must continue to support it in every way possible.

* * *

I wish to express my appreciation at this time for the hard work and complete coöperation of the officers, directors, committees and employees of the Society.

L. H. Garland, who is shortly to enter the navy, finishes his period of service as secretary of the Society, January 1st. While I hesitate to single out any individual member for special commendation, I cannot refrain from doing so in his case. He has established a standard for future secretaries in the zealous performance of his duties. His active and inquiring mind has been responsible for many of the projects of the concluding year and his capacity to translate thought into accomplishment has resulted in their completion.

Miss Lillian Moses has continued to render her customary excellent service to the Society as the executive of our offices. We are very fortunate to have her in this position. She has been ably assisted by Miss Nina Hansen.

For the past two years, we have had the services of Messrs. Lee and Losh in our public relations problems. It is probable that the Society's budget will permit continuance of their services. In many instances, their aid and counsel have been extremely valuable. We would regret the necessity of discontinuing their services, and are happy to know that we shall be able to call upon them at any time should occasion demand it.

The Woman's Auxiliary has given a splendid account of itself as usual. It has furnished the drivers for the Blood Bank delivery wagon and has solved a very difficult problem, not only for us but for the hospitals and the community at large. It gave splendid assistance in the ill-fated campaign for Proposition No. 3. Its work, in conjunction with that of Doctor Gaffney's committee, is largely responsible for the good plurality rolled up in San Francisco.

I am deeply appreciative of the honor you bestowed upon me by making me your president for 1942, and with this account of stewardship, I tender you my thanks.

December 8, 1942. JOHN W. CLINE.

Los Angeles County Medical Association

Annual Report of the Secretary

War, as we are well aware today, has a most far-reaching effect upon the Doctor of Medicine and upon the medical associations to which he belongs.

Never, perhaps, is there a greater need for medical organization than in time of war. Long before the attack on Pearl Harbor a year ago, your County Medical Association, aware of the probability of this country entering the world conflict at an early date, made plans for that eventuality.

So that your Association would be able to carry on its vital functions in behalf of public health and welfare and to serve the Doctor of Medicine and to protect the profession of Medicine in the great social and economic changes incident to war, first things were considered first.

Financial Status.—No organization can function effectively unless its financial status is sound. World War No. I taught medical societies throughout the country a severe lesson. Through the loss of great numbers of members many of these societies were so crippled financially that their activities, so necessary at such a time, became practically negligible.

As secretary-treasurer of the Los Angeles County Medical Association, I am most happy to report at this time that the financial status of your Association is excellent, due to financial planning more than three years ago for the possibility of war.

The finances of the Association have been carefully guarded. Income from dues, *Bulletin* advertising, and from income property has been conserved, and expenditures approved for only those activities deemed necessary and constructive.

No small part of the income of the Association is derived from the advertising pages of the *Bulletin.* You will all realize, I am sure, that during the past year all business has been severely affected by the war effort. However, in spite of this, and in spite of the fact that many of our nationally known publications have suffered a loss of advertising revenue, an increase in advertising revenue was achieved for the *Bulletin.*

However, the cost of publishing the *Bulletin* has shown an increase this past year due entirely to the increase in cost of paper, ink, and printers' charges. The *Bulletin,* however, at the end of the year will, as usual, show a most appreciable income to be used to further the activities of your Association.

Other income from annual dues is shown from *rentals of the property* at 1930 Wilshire Boulevard, in the sum of $12,500 a year. As in past years this item of income is used for the maintenance of the Library of the Association.

Constituting a large part of the income, of course, are *dues from members.* The Los Angeles County Medical Association collects from its members both its own and dues for the California Medical Association. This year the dues of the California Medical Association were $15 00. Dues for the Los Angeles County Medical Association also were $15, making a total of $30.00.

Membership.—At the beginning of the current year the dues-paying members of the Los Angeles County Medical Association numbered 2,850. Five hundred thirty-two of these members have been called to military service and thereby are exempt from the payment of dues. This number will increase. New members have been added, of course, during the year, but not in a number to com-

pensate for those going into service.

Dues.—This loss in dues paying members because of the war was given serious consideration by the House of Delegates of the California Medical Association at its meeting in Del Monte last May. That House of Delegates unanimously voted an increase in the dues of the California Medical Association of $5.00 for 1943. This was a necessary action to provide finances for the California Medical Association to carry on its vital activities for the year 1943.

The Board of Trustees of the Los Angeles County Medical Association at its November meeting, voted an increase in the Los Angeles County Medical Association dues of $2.50, making the dues of the Los Angeles County Medical Association $17.50 for the year 1943.

Economic and Social Problems.—All of us who read understand too well the problems that the profession of medicine is confronted with today. These problems are of great economic and social import. The profession of medicine has a grave responsibility . . . a responsibility that it accepted ages ago and one that it cannot relinquish. That responsibility is the health and welfare of the people the profession serves. So that the people may be served, it is essential that the profession of medicine itself be maintained. With many of our members serving with the armed forces and unable to lend their support in the work of maintaining for us and for them when they return, our professional integrity, it appears axiomatic that we who remain at home must carry a greater burden in this effort than we ever have carried in the past. A nominal increase in annual dues, after careful consideration, will appear but a small part of this burden.

Many of the activities of the Association carried on in past years have, since the outbreak of the war, been given more or less a place of secondary importance. The offices of the Association, beginning with the outbreak of the war, have been busily engaged in wartime activities, especially as relates to the creation, and staffing and later manning of the medical personnel, of the many casualty stations in this county.

The office of the Association has given a great deal of assistance to the Procurement and Assignment Committee. Details of these activities have appeared from time to time in the *Bulletin* of the Association, and should need no detailed comment here.

One of the important considerations to the members is the membership status of the Association. The loss of dues-paying members through death, leaves of absence, retirement, etc., totals 628, leaving as of November 1, 1942, a total of 2,222 dues-paying members. Each day members are leaving for military service. How many will be called before the end of 1943 we are unprepared to say.

The various standing and special committees of the Association have been exceedingly active. Our Council and our Board of Trustees have recognized the gravity of the situation that has existed during the past year and have met the various problems as they have arisen in a diligent effort to solve them.

Hospital Problems.—Especially active has been the Committee on Hospitals, Dispensaries and Clinics, under the chairmanship of Carl L. Mulfinger, M. D., which has met many times with representatives of the nursing profession and hospital officials in efforts to meet a most serious situation in Los Angeles County because of the great shortage of hospital beds and hospital personnel. Detailed reports of the accomplishments of this committee have appeared in the *Bulletin.*

Lay Publicity.—The Committee on Public Policy and Relations, under the chairmanship of Paul A. Quaintance, M. D., has, as in the past, done very commendable work in obtaining speakers on pertinent subjects for many lay groups.

While the activities of the Association have been directed largely to assist in the war effort, other important activities were not neglected, among them maintenance of the standards of the practice of medicine.

The facilities of the Association were used as usual by the various sections and specialty societies for their scientific meetings.

Members in Military Service.—The Los Angeles County Medical Association is in an excellent position to maintain for the duration its essential purpose in this community. We must not forget that the end of this year may find a total of 700 of our active members in military service. We must not forget that these members, while exempt from the payment of dues, are still our members and will expect their Association—and that means each member of the Association—to carry on as in the past, to protect the profession of medicine so that when they return, they will not find that we have been wanting in accepting our real responsibility.

L. A. ALESEN.

Shall Organized Medicine Lead or Follow?

The following are excerpts from an address by George W. Cottis, M. D., Jamestown, N. Y., President, Medical Society of the State of New York, given before the First District Branch, Medical Society of the State of New York, St. Joseph's Hospital, Yonkers, New York, Wednesday, October 7, 1942:

I have not the answers to the questions which follow, neither, I venture to say, has anyone else. But the answers must be found and they must come from the only body of men having the necessary knowledge, the medical profession.

1. How can we bring a twelve-cylinder standard of medical services to a man who can barely afford a bicycle?

2. How shall we extend preventive measures to the whole population and so lessen the need for curative medicine?

3. How shall we provide institutional care for hopeless cancer patients?

4. How furnish enough convalescent homes to relieve our general hospitals of the burden of caring for patients with chronic ailments?

5. How provide proper care to our civilian population when the most virile one half of us are in the armed forces?

6. How care for defense workers and workers in general industry? How meet the demands of thousands of workers and their families today in an area where yesterday was only a scattered rural population?

7. How protect the public from its own folly in patronizing quacks?

8. How force venal politicians to pass such legislation as the Copeland bill to check false and dangerous labeling of drugs and foods?

9. How clear our own house of legalized quacks and fakers?

10. How force the speeding up of the production of doctors by casting out deadwood from curricula and rearranging courses?

11. How encourage and finance scientific research after large fortunes have been eliminated by government policy and private endowments are discontinued?

12. How are we to maintain our own freedom of thought and our own initiative in finding the answers to all of these questions in the face of a regimentation which already has replaced freedom of action in all industry?

As a nation we are beginning to appreciate the tremendous cost of the wishful thinking, wilful blindness and inexcusable ignorance of world affairs which resulted in our unpreparedness to meet what was plainly inevitable. As a profession we should profit by that experience and make sure that we know what is happening or is about to happen to us.

Society is an organism subject to all the laws of evolution. Medicine is an organ of vital importance in that

organism. There is of necessity a constant interrelationship between the two, and we cannot appraise our situation apart from that of society as a whole.

We must be aware that the World Revolution is not a revolution in the ordinary sense but a world-wide change as fundamental as that from feudalism to capitalism. Furthermore, we must accept this change as inevitable and very imminent. In fact it is already here. Its groundswell has been rolling toward us for many years, but it is only now when the wave has broken on our own shores that we are aware of its strength.

The "New Order" of the Nazis and Japs is only one manifestation of the change. The Russian experiment, the Swedish "Middle Way" and the American New Deal are all equally symptomatic of a new way of life.

It is with this background that we must consider what is ahead of us. We are paddling our canoe down a river with many bends and the current is running faster and faster. To drift blindly may lead to disaster. We cannot turn back, but we can stop paddling long enough to climb to some high point and see what is before us. If we can rise far enough we may get a bird's eye view. What would it show us?

Of course our nearest view would be that of the greatest nation on earth hamstrung during the critical prewar years by the myopia of its leaders, preparing terribly late to give its life blood to escape slavery. The wider view would be that of a world at war. But under the smoke and fire of battles we might see all the peoples of the world moving like a tidal wave in one direction. That direction is toward a new form of society in which independence is replaced by dependence and freedom traded for security. The leaders who promise these are the ones the people follow. The security they seek and demand is security against want, hardship and illness. That is the negative way of saying that they demand assurance of shelter, food, clothing, recreation and medical care, without much regard to their ability to earn them.

Now where do we, as a profession, fit into the picture? Most of our deliberations have been concerned with the question, "How are we to meet the issues that confront us?"

The primary question should be not "How?" but "What?" What are the demands of our changing social organization?

What portion of an individual's welfare is to be the concern of the State and what part is to be left to personal intiative?

What shall be the relation of organized medicine to the State and to the public?

What are the defects in our present system of medical care?

What changes or innovations are necessary to provide the highest standards of health for our people?

What is to be our own procedure in the circumstances? Are we to dig in our heels and pull against the trend or are we to set the objectives and assert and prove our right to leadership?—*"Medical News"* bulletin of the Medical Society of the State of New York, October 7, 1942.

Attendance at Meetings of District Medical Societies: Some New York Statistics

The Medical Society of the State of New York recently gave some statistics concerning attendance at district medical meetings, with a break-down of the age-groups of physicians who registered. The figures are naturally of interest to members of other state medical associations:

DISTRICT BRANCH ATTENDANCE

An index of the impact of the war upon the Medical Society of the State of New York may be found in the attendance records of the District Branch meetings for this as compared with last year:

In 1941, the total attendance was 960; this year, 594.

In 1941, the average age of those who came was 47.39 years; this year, 51.98 years.

In 1941, the prominent decade was 35-44; in 1942, 45-54.

In 1941, the number under 45 years was 460; in 1942, 145.

In 1941, the number who were aged 45 was 25; in 1942, 25.

Repeaters *in the 7th decade:* 1941, 0; 1942, 9.

A further breakdown of age groups by periods of five years shows:

45-54=183, or 30.81 per cent in 1942; 242, or 25.21 per cent in 1941.

55-64=134, or 22.56 per cent in 1942; 155, or 16.15 per cent in 1941.

65-74=93, or 15.66 per cent in 1942; 94, or 9.79 per cent in 1941.

75-84=15, or 2.53 per cent in 1942; 15, or 1.56 per cent in 1941.

85-94=1, or 0.17 per cent in 1942.

It may be noted that the interest and alertness of the physicians of 65 years and older are well shown by this table. These men allow no grass to grow under their feet; they were on deck both this year and last to learn what was new and to signify their willingness, even eagerness, to bear their share of the burden and heat of the day—and the night, too, if need be.

No less interesting is the contrast in the lower age groups in the two years. In the group

25-34 years, 136 attended in 1941; 36 in 1942;—7.69 per cent.

35-44 years, 322 attended in 1941; 132 in 1942; —11.32 per cent.

45-54 years, 242 attended in 1941; 183 in 1942; +5.60 per cent.

Bald and gray heads seemingly will carry on to the limit of their ability, always eager to learn that they may better serve.

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Medical Students' Deferment Urged

Brig. Gen. Charles C. Hillman, surgeon general of the U. S. Army, on November 21st, stated that the supply of future physicians required for both the military and civilian effort "must not be curtailed at the source."

Explaining that the lowering of the draft age to 18 created new problems to medical and premedical students, Gen. Hillman expressed hope that the War Department would work out comprehensive plans to assure a continuous supply of new physicians for essential industries and civilian communities.

Gen. Hillman, speaking at an American Medical Association conference yesterday, said that unless provision was made to assure a minimum of two years' premedical education for those planning to enter medical schools, "only women and the physically unfit would be able to enter medical schools."

To Train M.D.'s

Chicago.—(UP.)—The Council on Medical Education and Hospitals of the American Medical Association has adopted resolutions to shorten the period required for a M. D. degree from eight years after graduation from high school to five years. This shortened curriculum, as reported by the A.M.A. *Journal*, will be in force for the duration of the war.—Oakland *Tribune*, December 20.

Army Medical Plan Enlists U. C., Stanford

The medical and dental schools of the University of California and Stanford are scheduled to take part in a special training program under which several thousand Army medical and dental officers will receive specialized training, Secretary of War Stimson announced in Washington, D. C., on December 31st.

From 200 to 400 officers will be selected for each class, which will begin today.

"Distribution of professional medical men trained for

medical and surgical specialties," the Secretary said, "has proved inadequate to meet the demands of war. But a number of Army Medical Corps officers can, with a short intensive course, become qualified to help eliminate the deficit in that specialty."

Chancellor Ray Lyman Wilbur, of Stanford, said yesterday that the Stanford medical school is already training a group of some 20 Army doctors in thoracic surgery.

Who'll Fight—and Who'll Study—U. S. to Decide

College to Go on Wartime Footing as Manpower Crisis Becomes Acute

Washington dispatches put the query, "Who is going to college" as a question that is rapidly becoming one of the big problems of wartime.

With the draft lowered to include 18 year olds, the question became, so far as young men are concerned, largely one for the Government rather than the individual to determine.

Part of the answer already has been given in the Army and Navy announcements of their training programs. The rest is yet to come and may stir up a lively debate in the new Congress.

Paul V. McNutt, the war manpower commissioner, gave a hint of what high officials have in mind when he announced this week that more than 150,000 college men would get temporary draft deferment to continue medical, engineering and other specialized scientific training.

Program Incomplete

The deferment will last until the end of the school year and meantime, McNutt said, plans will be worked out for the education of a number of civilians by Government financing. . . .

Bay Colleges Waiting on Army and Navy

Bay Area colleges today awaited identification by the War and Navy Departments of the 200 to 300 institutions which it was announced in Washington, will be used to give specialized training to young men in the armed services. . . .

In Washington, Secretary of War Stimson said the new joint Army-Navy program would go far toward temporarily destroying liberal education in America but would have no permanently bad effect. . . .

School at Del Monte

A pre-flight school announced recently for Del Monte, accommodating about 1,500 students using facilities of the Hotel Del Monte, will be opened about February 4, the Navy said today. Its commanding officer will be Captain George Washington Steele, USN (Ret.), who has headed the St. Mary's Pre-Flight School since it opened. . . .

The Army and Navy will contract with the selected institutions to furnish instruction in prescribed courses and to furnish housing and feeding facilities. Men sent to college by the services will be on active duty and wear uniforms, receive service pay and be subject to discipline. . . .

Special Provisions

Special provisions are made for enlisted reserves. Medical and premedical students, four-year ROTC students and junior students in the enlisted reserve taking engineering courses, will be continued on an inactive status until the end of the next academic semester which begins after today. All other enlisted reserve students will be called to active duty at the end of the current semester. On completion of basic military training, they will be eligible for selection for academic training under the program.—San Francisco *News*, December 17.

U. S. Plans to Subsidize Medical Students

Washington, Dec. 23.—(UP.)—The War Manpower Commission announced in December that it was working on plans to subsidize men and women in the study of medicine and other sciences to fill civilian wartime needs and prepare for the postwar period.

The Army and Navy already have publicized plans for training members of the armed forces to meet their needs.

The number of persons to be given higher education through the WMC program depends on how much money is appropriated for that purpose by Congress. WMC Chairman, Paul V. McNutt, said the request would go to Congress next month.

How young men and women will be chosen for WMC-subsidized education has not been decided, officials said, but the emphasis will be on the education of doctors, chemists and engineers. . . .

Enrollment of Universities Drops 13.9 Per Cent

Cincinnati, Dec. 21.—(AP.)—Dr. Raymond Walters, president of the University of Cincinnati, today reported sharp decline in attendance in 667 American approved colleges and universities during 1942.

"The university law schools and graduate schools of arts and sciences were hit the hardest."

Declines of approximately 9.5 to 10 per cent in full-time students, 13 9-10 per cent in grand totals, including part-time and summer session attendance were noted in Walter's twenty-fourth annual enrollment survey for School and Society and Educational Weekly.

The 667 institutions had 746,922 full-time students and a grand total of 1,075,849 as of November 1, Walters reported.

Freshman enrollments were down 1.7 per cent, but freshman enrollments during the fall in technological institutions were up 9.2 per cent.

A drop of 22.5 per cent in attendance at 78 teacher colleges was reported. Law schools in 83 universities declined 51.3 per cent and graduate schools 29.9 per cent.

Considering full-time enrollments, the University of California again headed the list with 18,364 students.—San Francisco *Chronicle*, December 22.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

San Bernardino County Hospital

Patients Able to Pay for Hospitalization Must Do So

Persons who are able to pay for services and treatment received at the San Bernardino County Hospital must do so or face the possibility of court action with the county suing to recover.

This is the effect, observers pointed out, of the revision of the hospital's collection system following recommendations from the grand jury and the board of supervisors.

Although the county hospital ordinarily accepts only charitable cases, persons who are able to pay for hospital care are accepted in the isolation ward if they are suffering from contagious diseases, or are injured in an accident and require emergency treatment. Other hospitals are not equipped to handle contagious diseases.

County Auditor Vincent L. Roth, made a special check of the records of the isolation ward and emergency cases, and his report to the board showed that 972 cases

were handled in the hospital in the two classifications between last July 1 and Sept. 28.

Of these, Mr. Roth said, 485 were charity cases and 478 cases were those of patients able to pay for their care. In this latter group, 83 persons have paid their accounts in full. Mr. Roth said letters requesting payment were issued to the remaining 404 persons and to date, 59 said they would pay their bills. Of the 59, said the auditor, 17 have made partial or full payment. The auditor's letters were not acknowledged by 231 persons while the correct addresses of 83 have not been found.

There were 31 persons who have bills for ambulance service, but these are not proper hospital charges but are payable to mortuaries and persons operating ambulance service, said Mr. Roth.

Under the new system installed in the hospital, as soon as possible after the entrance of a patient in the hospital in either the emergency division or isolation ward, a social service worker shall establish the hospital treatment.

Rubbing Alcohol Priorities

Copy of a Resolution approved by the Executive Committee of the California Medical Association, at its meeting of December 13, 1942, follows:

WHEREAS, The use of rubbing alcohol for local use in cleansing and protective purposes on the skin of patients is an accepted part of hospital procedures; and

WHEREAS, It would appear that many of the smaller hospitals located in California (according to a recent ruling of the governmental authorities through directive W.P.B.—M-30, with respect to the use of ethyl alcohol and related compounds), will be deprived of the right to secure an adequate amount of rubbing alcohol, in like manner as that right is given to certain larger hospitals and to members of the medical, dental and veterinary professions and certain governmental agencies; and

WHEREAS, Under existing war conditions, because of which the number of nursing and other aide personnel who look after patients is considerably diminished, so that it is no longer possible in many institutions to give the same amount of soap and water bathing and similar care to patients (a considerable number of whom may be citizens brought in from essential industry plants); and

WHEREAS, The order as it now exists would seemingly work, not for the fullest protection of the public health or of workers in essential industries, but rather to the detriment of such, who may come under care in a goodly number of smaller hospitals in California; now, therefore, be it

Resolved, By the California Medical Association, through its Executive Committee, that the request of the Association of California Hospitals for a modification of the orders having to do with this problem be endorsed; and that the California Medical Association, representing more than seven thousand licensed physicians, many of whom are in military service, hopes that the necessary directives will be issued by which the best interests of the public health, insofar as hospital care is concerned, shall be conserved, through modification of the order referred to above.

Charitable Hospital Not Employer, Ruling

Los Angeles, Dec. 17.—(AP.)—A charitable hospital is not an employer within the meaning of the California unemployment insurance act, and therefore need not contribute to the State insurance fund on behalf of its employees.

Superior Judge Emmett H. Wilson so ruled in a suit brought by Seaside Hospital, Long Beach, against the State insurance fund. The hospital contended it accepts all patients, regardless of ability to pay, and that all members of the County Medical Association are eligible for membership on the hospital staff.—Oakland *Tribune*, December 17.

Free Clinic Hospital to Help Tubercular Patients Provided for in Charles Hastings Will

Research Center to Be Supported by $3,000,000 to $4,000,000 Endowment Fund; Institution to Rise Near Pasadena and Be Known as 'The Charles Cook Hastings Home'

Creation of a clinic hospital, a free research center for the treatment of tubercular patients and supported by a $3,000,000 to $4,000,000 endowment fund, has been made possible by the late Charles H. Hastings, owner of the famous Hastings Ranch, northeast of Pasadena, as revealed by his will, filed here yesterday for Commander Ernest Crawford May, by Cruickshank, Brooke & Dunlap, his attorneys. The will was submitted to probate about a fortnight ago in the Surrogate's Court of New York County, New York, where Mr. Hastings died domiciled, after a delay of approximately 10 months during which time extensive negotiations were conducted and successfully concluded with the heirs of Mr. Hastings, who were four cousins, all of advanced age and who had through their legal representatives filed a contest to the will. . . .

The clinic hospital, to be known as "The Charles Cook Hastings Home," in memory of his California-pioneer father who died of tuberculosis in 1890, ultimately will rise near Pasadena. . . .

While the will explicitly defines the objectives of the clinic hospital, all details such as size, location, operation and possible additional fields of medical research are left in the hands of the Hastings Foundation, incorporation papers for which will be filed promptly in Sacramento as directed in the will. The board of directors of this foundation is given the widest latitude in attaining Mr. Hasting's objectives.

Free Treatment

In his will he wrote:

"I have long contemplated organizing a nonsectarian charitable corporation under the name of 'The Hastings Foundation' for the study, prevention, treatment and cure of tuberculosis. . . . Such corporation shall have power to erect, equip and maintain a sanitarium . . . and it shall be conducted and maintained on a strictly charitable basis and no charge shall be made to patients therein, or for any treatment or other aid rendered thereby. Such corporation shall also be authorized to undertake the study, prevention, treatment and cure of other diseases, so that if at some future time said board determines that it is advisable to use its facilities, in whole or in part, in order to combat some other disease or diseases, it would have power to do so." . . .

In the incorporation papers, Commander May, Dr. Leroy B. Sherry and Lloyd W. Brooke appear as the foundation's original board of directors, additional members to be elected by the board as needs indicate. . . . —Pasadena *Post*, January 1.

Army, Navy, industry, public health—all must fight together and against tuberculosis.—Charles E. Lyght, M. D., *Amer. Rev. of Tuber.*, Sept., 1942.

Cow's milk contains three to four times as much calcium as human milk.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (22)

San Francisco County (16)

Grace Gunn Binger, *San Francisco*
Louis Sanders Constine, Jr., *San Francisco*
Morris E. Dailey, *San Francisco*
James R. Drake, *San Francisco*
Karl B. Eichorn, *San Francisco*
Ruth Fleming, *San Francisco*
Don G. Gardner, *San Francisco*
John Jay Hawthorne, *San Francisco*
William H. Ice, *San Francisco*
William Cortlett Keig, *San Francisco*
Hans Rathmann, *San Francisco*
Mary Mable Schmeckebier, *San Francisco*
Frederic Porter Shidler, *San Francisco*
Marion Alan Swanson, *San Francisco*
Nicholas Tesauro, *San Francisco*
William B. Wallace, *San Francisco*

San Luis Obispo County (1)

Harrison Eilers, *San Luis Obispo*

Santa Clara County (3)

Ann Franklin Barnett, *Palo Alto*
Robert Allen Lochr, *San Jose*
R. P. Quirmbach, *Agnew*

Solano County (1)

John Neal Clark, *Fairfield*

Transfers (1)

Lester S. McLean, from *San Bernardino County* to *Solano County*

In Memoriam

Crum, Howard Charles. Died at Santa Cruz, July 29, 1942, age 58. Graduate of Chicago College of Medicine and Surgery, Illinois, 1910. Licensed in California in 1915. Doctor Crum was a member of the Santa Cruz County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Graham, Rossner Enders. Died at Oakland, October 6, 1942, age 55. Graduate of Tulane University of Louisiana School of Medicine, New Orleans, 1914. Licensed in California in 1922. Doctor Graham was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Hall, Channing. Died at Alameda, December 14, 1942, age 57. Graduate of Cooper Medical College, San Francisco, 1911. Licensed in California in 1911. Doctor Hall was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Harris, Wayne Adelbert. Died at Santa Ana, November 25, 1942, age 62. Graduate of the University of Illinois College of Medicine, Chicago, 1904. Licensed in California in 1927. Doctor Harris was a member of the Orange County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Lane, John Alexander. Died at Eureka, November 13, 1942, age 69. Graduate of Cooper Medical College, San Francisco, 1898. Licensed in California in 1899. Doctor Lane was a member of the Humboldt County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Porter, Ernest Boring. Died at Altadena, November 16, 1942, age 47. Graduate of Northwestern University Medical School, Chicago, 1925. Licensed in California in 1925. Doctor Porter was a retired member of the San Diego County Medical Society, and the California Medical Association.

✤

Sawyer, Edmund Houghton. Died at San Francisco, November 17, 1942, age 61. Graduate of Harvard University Medical School, Boston, 1908. Licensed in California in 1909. Doctor Sawyer was a member of the Mendocino-Lake County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Spalding, Alfred Baker. Died at San Francisco, November 25, 1942, age 68. Graduate of Columbia University College of Physicians and Surgeons, New York City, 1900. Licensed in California in 1902. Doctor Spalding was a retired member of the San Francisco County Medical Society, and the California Medical Association.

✤

OBITUARY

Frank E. Detling
1876—1942

Frank E. Detling was born May 23, 1875, at Plymouth, Wisconsin, the son of Val and Anna Marie Detling. He was educated in the public schools of Plymouth, and attended the Northwestern University Medical School, from which he was graduated in 1901. He served his internship at St. Mary's Hospital in Duluth, Minnesota, and his record at this hospital was so excellent that the Attending Staff requested him to open an office in Duluth, which he did and there practiced for several years.

Early in his career he decided to specialize in diseases of the eye, ear, nose and throat, and devoted all of his spare time to that study. In 1908, for several months, he attended the clinics of New York. He was Resident of the Wills Eye Hospital of Philadelphia from 1908 to 1909. About this time Dr. Robert W. Miller of Los Angeles, wrote to the Wills Eye Hospital for an Associate in his practice. Dr. Detling was highly recommended and after finishing his residency and visiting other Eastern clinics, he came to Los Angeles in 1910, to become associated with Dr. Robert W. Miller. One year later he was married to Betty G. Walsh at Superior, Wisconsin. Following his association with Doctor Miller for three years, he opened his own office.

Soon after his arrival in Los Angeles, Doctor Detling was appointed Instructor in Otolaryngology in the University of California Medical School and Otolaryngologist to the Graves Dispensary. He was later appointed to the Staff of the Children's Hospital, where he remained as Attending and Consulting Otolaryngologist until his death. For some twenty-five years he was one of the Senior Otolaryngologists to the Los Angeles County General Hospital. He developed one of the out-

† For roster of officers of component county medical societies, see page 4 in front advertising section.

standing departments of the hospital and devoted a great deal of time and energy to this institution.

Later, when the School of Medicine of the University of Southern California was organized, Dr. Detling was one of the first to be enrolled on the Staff as Associate Clinical Professor of Otolaryngology. He had much to do with the organization of the clinical teaching of the school. He devoted a great deal of time to duties at the Children's and County Hospitals and the School of Medicine, and often said that his happiest moments in practice were those spent in attending to these duties. He devoted his life to his profession and in doing so was very happy.

Doctor Detling was a Past-President of the local Eye and Ear Society, and Chairman of the Eye and Ear Section of the State Society. He always took an active interest in medical society work. His discussions were to the point. He was a most lovable character and no one in the profession commanded more respect for his knowledge and sincerity.

He was devoted to his family. He leaves a wife, Betty, a son, Val, and two brothers in Wisconsin.

J. M. BROWN,
S. JESBERG.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. F. G. LINDEMULDER.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM..Asst. Chairman on Publicity

County Auxiliary News Items

The Woman's Auxiliary to the Los Angeles County Medical Association held its November meeting, at 12:30, on Tuesday, November 24, at the Los Angeles Athletic Club. There were eighty-four members and guests present.

Miss Eleanor King, author, columnist, and radio artist, gave an interesting and enlightening talk on "Charm." She stressed the fact that health and good posture are important factors in being a person of charm.

Guests of honor were Dr. Vincent Askey, Chairman of the Board of Trustees of the Board of Education; Dr. C. Morley Sellery, Director of Health Service, Los Angeles City Schools, and officers of the first and tenth districts of the Parent-Teachers Association. Hostesses for the day included Mrs. Raphael Dunlevy, Chairman; Mrs. Philip Stephens, and Mrs. Paul Dougherty.

Mrs. Donald Charnock, War Activities Chairman, announced that Tuesday, December 15, would be the Auxiliary's Day at the Red Cross Blood Bank. She and her committee are working diligently to make this a success.

Members of the Riverside County Medical Auxiliary met at the home of Mrs. H. W. Naeckel for their annual benefit bridge party. Funds from this benefit are to be used for subscriptions to *Hygeia*, to be placed in schools and other public places. Mrs. Ralph Smith was Chairman. During the tea hour, Mrs. George Rue entertained with piano selections.

† Prior to the tenth of each month, reports of county chairmen on publicity should be sent to Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

The December meeting of the Woman's Auxiliary to the Marin County Medical Society was held at the Blue Rock Hotel, in Larkspur, on Thursday evening, December 3. The president, Mrs. Rodney Hartman, presided.

A short business meeting followed. It was decided to have, in the near future, individual bridge parties put on by members, to raise money for the treasury.

An extremely enjoyable talk was made by the guest speaker of the evening, Mrs. Roy Nisja, who is a well-known Marin County nutritionist and instructor at the Marin Junior College. Her talk on nutrition was instructive, and made more interesting by colored charts which brought out the rapidly-changing food picture.

Dr. Clifford Kuh, Chief of the State Bureau of Public Health, addressed the Woman's Auxiliary to the San Francisco County Medical Society at their regular meeting on the 17th of November. Dr. Kuh's subject, interesting and timely, was "Health Problems Raised by the Employment of Women in War Industry."

Tea was served to about fifty members and guests. Mrs. Norman Morgan, Hospitality Chairman, was assisted by Mrs. Roger McKenzie and Mrs. J. C. Long.

Members of the Auxiliary were hostesses at the Hospitality House on December 4, 1942, for the second consecutive year. Mrs. Roger McKenzie, Chairman, and Mrs. Norman Morgan, Co-Chairman, assisted by a splendid committee, planned a very entertaining day for the boys in the armed forces. Mrs. William Reilly, Mrs. Edmund Morrissey and Mrs. Raleigh Burlingame were hostesses.

The Woman's Auxiliary to the Fresno County Medical Society enjoyed the company of Mrs. Lindemulder at the November luncheon, held in the University-Sequoia Club. Mrs. R. W. Dahlgren, President of the Fresno group, presided and introduced Mrs. Lindemulder to the members and guests, who included several of the wives of medical officers stationed at Hammer Field. It was an interesting meeting, for, after a brief talk, Mrs. Lindemulder invited an informal discussion on matters pertaining to Auxiliary work.

Miss Maude Schaeffer, who recently returned from Honolulu, was guest speaker at the December meeting. She talked on the conditions in Honolulu before and after December 7.

It was decided to furnish a recreation room for the use of the bachelor doctors on duty at Hammer Field. Mrs. J. R. Walker will take charge of this project.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

Commercial (October)	35,000
Rural Health Program	3,500
War Housing Projects (January 1st) (Approximate)	31,800
Vallejo	10,000
Marin	5,000
Los Angeles	6,800
San Diego	10,000

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

The year 1942, as was expected, was a difficult one. The rapid turnover in employment caused by the change-over to a war economy resulted in a serious loss of membership. New business to offset this loss was difficult to obtain for the same reason. Despite these difficulties, C.P.S. was able to maintain an average membership of 38,000 to 40,000 throughout the year.

C.P.S. has also undertaken an important change in its basic contract—from the old "Full Coverage" to the "Two Visit Deductible" and "Surgical" plans. These new contracts are designed to bring the unit value up to par, and the process of conversion is well under way.

The true value of C.P.S. has become apparent in the last year. When Federal Agencies were confronted with the problem of securing medical care for transient war workers, it is interesting to note that these Federal Agencies singled out C.P.S. as the only medical care organization in the United States with which it could work out these problems, and the only doctor-owned agency that was ready and able to meet the need.

Medical Service Plans Discussed at Annual Session of State Medical Association Secretaries and Editors at A.M.A. Headquarters

The Journal of the American Medical Association printed the addresses and discussions on medical service plans, medical licensure and kindred topics in two recent issues (December 12, pp. 1244-1235, and December 19, pp. 1315-1324). Numerous references were made to California plans. Comments by Doctor George H. Kress, Secretary of California Medical Association, appeared on pages 1232, 1233 and 1322. To the credit of the California Medical Association, it may be said that no State medical association can show a broader approach to the issues involved in medical service plans: Agricultural Workers Health Care; Federal Housing; Federal Social Security for Rural Farm Families; and Statewide coverage offered by California Physicians' Service. C.M.A. members will find many items of interest in the addresses and discussions presented at the recent Conference of Secretaries and Editors.

Unusual Medical Plan Is Used By Housing Tenants

Chicago, Dec. 7.—(CCNS.)—Families at the Marin City, Calif., war housing development, are financing their medical care on a prepay plan through a tenants' mutual health association, according to the National Association of Housing Officials.

Complete medical care, surgery and hospitalization are furnished under the plan by agreement with the California Physicians' Service, a nonprofit organization which operates a Statewide prepayment medical service. Fees are $5 a month for a family with children, $4 for a two-person family, and $2.50 for a single person.

A medical center is set up in the housing project, supplied with equipment and staffed by nurses and one resident physician for each 1,500 persons.—Los Angeles *Greater Los Angeles*, December 11.

Workers Meet Health Costs With Rentals

Persons in Housing Projects Pay Insurance in Advance, Doctors' Group Reveals

San Francisco, Dec. 10.—(AP.)—Health insurance paid in advance as part of the rent is already in effect for 8,000 California war workers in federal war housing projects, and soon will spread to 100,000 more, officials of the California Physicians' Service disclosed today.

Dr. A. E. Larsen, medical director of the doctors' organization, said the program took root among San Diego airplane workers last May and now includes Marin County with its new Bechtel Shipyard and Hamilton Field. Los Angeles, with its airplane plants and shipyards and the vast Vallejo shipbuilding area.

They All Agree

In each case, Dr. Larsen said, local physicians' groups, the C.P.S., the federal public housing authority and the local housing authority came to complete agreement on the matter.

The cost of protection, available only to those living in war housing projects, is $2.50 a month for a single worker, $4 for a man and his wife and $5 for a man, wife and family.

Patients with minor illnesses are treated in the clinic provided at each housing project. If their illness is serious, they are advised to consult a private doctor of their own choice, the bills being paid out of the accumulated pool.

Dr. Larsen said many doctors have been brought from towns left nearly depleted by the exodus to war plants, and alien physicians, unable to obtain commissions in the army or navy, have been given jobs caring for war workers.

"This is not State medicine," he said, "but it merely shows that the medical profession has found a way of working with the government."—San Bernardino *Sun*, December 12.

Physicians Get Prepaid System Extended Here

San Diego, Calif.—A new medical plan for war workers is being launched in West Coast housing projects by the California Physicians' Service, in agreement with the Federal Housing Authority. The plan is already in operation at the Linda Vista project, near here.

The plan provides full medical care, including hospitalization, at monthly rates of $2.50 for a single man, $4.50 for a couple and $5 for a family with children.

A medical center staffed by resident physicians and nurses is built at each project covered by the plan.

The C.P.S., sponsored by the California State Medical Association, was organized four years ago as a Statewide prepayment medical service. Despite suspicion that the organization was started to head off a strong movement for State-operated health insurance, the present plan has been approved by union representatives and physicians who favor group medicine.—Richmond *Labor Journal*, December 11.

Paying the Doctor In Advance

Doctors have many bills on their books that will never be paid, but out in California the story is a lot different. There several thousand families in California's war-plant industrial communities pay their doctor in advance just the way they pay their rent. And, in a few weeks, 35,000 of California's farm families will be using a similar pay-in-advance plan for their physicians.

Besides insuring that the doctor gets what is coming to him the plan has definite advantages to the patient in that medical care costs a lot less in this way.

In cities where the idea is in force, the money paid for medical care goes to the Housing Authority which turns it over to the California Physicians' Service which assigns doctors and nurses to the sick and maintains clinics.

The plan for farm folks, as announced by the Farm Security Administration and the California Physicians' Service, allows about 130,000 persons, members of the 35,000 families, to join if the family's net yearly income is $2,000 or less. Last year, in three experimental counties, this care cost between $10 and $20 per person a year.—Los Angeles *Examiner*, December 6.

Applications Are Being Received in Health Association

Applications are now being received for membership in the Farmers' Health Association which is being formed throughout Merced County to help the farmers meet the high cost of illness and accidents.

Any farmer or farm laborer is eligible to join if he receives more than one-half his living from the farm and had not more than $2,000 net income in 1941. The cost is $20.50 per person with $60.50 the most that even the largest family pays for a year. All the necessary medical, hospital and surgical care for children under nineteen, maternity care, and treatment of acute illnesses and accidents for adults are furnished for this fee which is paid in advance. Hospitalization is allowed up to 21 days for each separate illness.

Of the 5,000 doctors who belong to the California Physicians' Service, any one may be chosen for the family doctor. All licensed doctors of medicine are eligible for membership in the California Physicians' Service.

For further information, call Merced 1405. Application blanks may be obtained from Mrs. Catherine C. Simson, Secretary of the Organizing Committee, 105 Business and Professional Building, Merced, California.

It is necessary that all applications and money orders or checks made payable to California Physicians' Service be in by December 10, so service may begin early in January.—Merced *Sun-Star*, December 10.